



Dear Combative Sports Professional,

Request A Test, Ltd. is a nationwide testing service located throughout the United States that offers affordable and convenient medical testing. For several years Request A Test, Ltd. has worked with many Combative Sports Commissions, Promoters, Managers, Matchmakers and Athletes nationwide. We take pride in the fact that we offer a professional, reliable and personalized service to the Combative Sports Industry. References are available on request. If you should need blood work for licensing, we would like to provide you that service.

Request A Test, Ltd would like to extend a special offer to Combative Sports Professionals nationwide. We are offering special pricing for this industry: **HIV test \$39, Hepatitis C test \$45, Hepatitis B test \$39 or Total Package (all 3 tests) \$99.** We offer a wide array of tests that would cover Combative Sports Professionals needs including **HIV, Hepatitis B Surface Antigen, Hepatitis C Antibody, Pregnancy, CBC, PT, PTT, Drug Testing, Steroid and many more.** If you need a particular lab test, please call us. We will obtain the best possible pricing for you.

Some benefits of ordering your test from Request A Test, Ltd are:

- We are open **6 days per week,**
- We offer **same day testing** at a convenient location near you,
- Test **results are typically available within 1 business day,**
- We have over **2,000 locations** nationwide, and
- We use a **nationally recognized and certified laboratory.**

To order a test call 1-888-732-2348
Se habla Español 1-866-383-2766

If you are interested in learning more about our business, please do not hesitate to contact me at **1-888-732-2348.** We look forward to assisting you!

In Health,

Noelle J. Perez

President

Encl: promotional flyer

The Process

1. Find a location: Either call us at 1-888-732-2348 with the fighter's zip code or go to our website at www.requestatest.com (towards the top of our homepage there is a "Locations" tab). **IMPORTANT: DO NOT SEND FIGHTER UNTIL PAYMENT IS MADE TO REQUEST A TEST.**
2. Make payment to Request A Test, via credit or debit card, gift card or money order. Call 1-888-732-2348 to process your payment. Please mention the Combative Industry Discount to receive your industry discounted price.
3. Once your payment is processed, we will process your order into the lab's computer system which will provide you with an **ORDER CONFIRMATION CODE**. When you arrive at the lab, tell them you are in their computer system under that ORDER CONFIRMATION CODE. This will allow them to view your testing order. You may go to the collection site at any time during their business hours. No appointment is necessary. We ask that you arrive at least ½ hour before they close for lunch or the end of the day
4. **FIGHTER SHOULD ARRIVE WITH A PHOTO ID, THEIR ORDER CONFIRMATION CODE AND OUR TELEPHONE NUMBER IN CASE THERE IS A PROBLEM AT THE LAB 1-888-732-2348. There are no fasting requirements.**
5. Results are typically completed in 1 business day. Extra time may be needed if testing is repeated or there is a delay at the lab. Results are sent to Request A Test ONLY and must be retrieved from us. To retrieve your results, please fill out either the:

Agent Result Release Form: Filled out when parties OTHER THAN the fighter are paying for the testing or
Fighter Result Release Form: Filled out when the FIGHTER pays for their testing.

**These forms can be obtained from and should be returned to
Request A Test only!**

**Call Request A Test for your laboratory testing needs!
1-888-732-2348 Se habla Español**

RESULT RELEASE FORM

Return via fax to 1-440-717-0540

Is the fight taking place in California? (**check one**) Yes () No ()

While I understand that Request A Test, Ltd. does not encourage the use of faxing as a routine reporting method of confidential results, I, (**please print**)

_____ (fighter's Rep), request the use of faxing to receive the results of (**please print**):

_____ (fighter's name)

_____ (Month/Year of test).

I certify that I received consent from the fighter listed above to act as their agent with duties including ordering of medical testing and receiving their test results. I certify that the fax number listed below is in a secure area and is accessible to me and/or my fighter.

I take responsibility for retrieving the results and agree to defend, indemnify, and hold Request A Test, Ltd wholly harmless from and against all costs (including reasonable attorney ' s fees), liabilities, and expenses arising out of wrongful disclosure, breach of confidentiality of the misuse of my information.

Please fax the results to (#) RWCF 503-575-2973

Requested by (**signature**): _____

Please complete all lines on this form and fax it to (440) 717-0540. Upon receipt, we will fax your test results to the number you provided above.