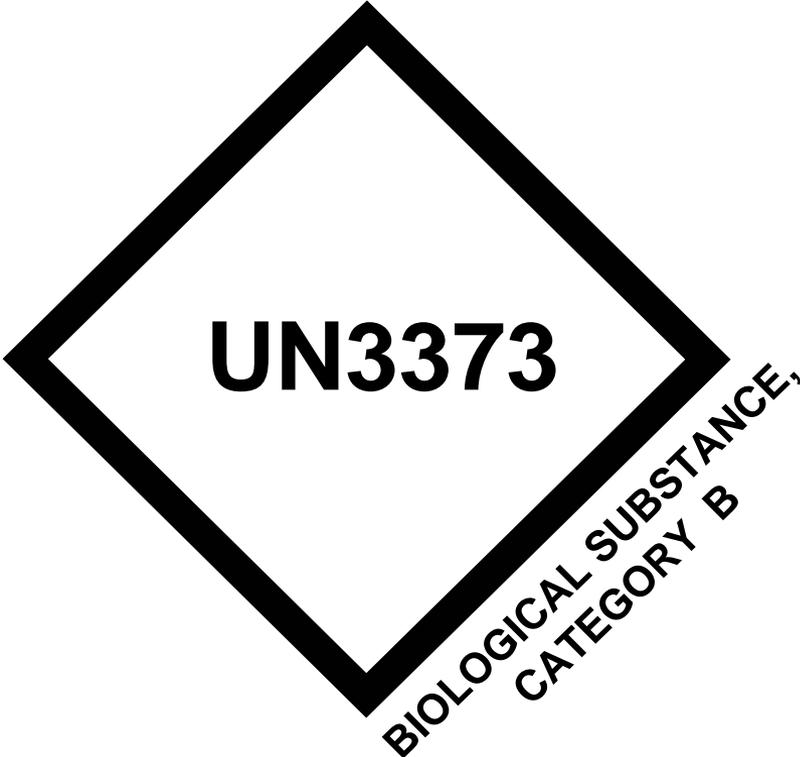
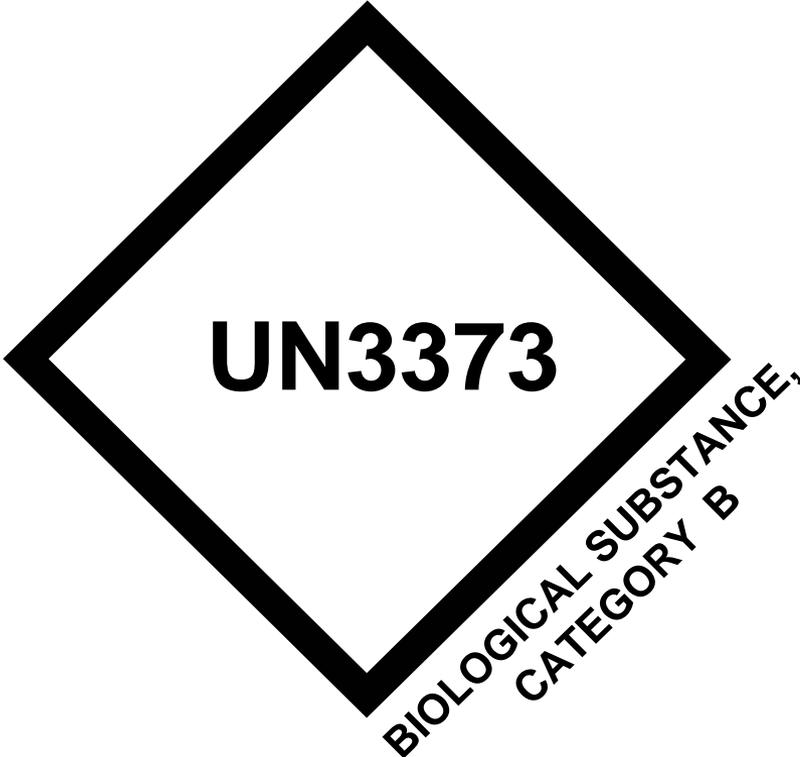


From: _____

Responsible Party Name & Phone

From: _____

Responsible Party Name & Phone



To: Michigan Department of Community Health
Bureau of Laboratories Building 44 Room 155
3350 North Martin Luther King Jr. Blvd.
P.O. Box 30035
Lansing, MI 48909

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