

# WHITMIRE MEDICAL, INC.

Managing today's health...  
with tomorrow's technology

## Correlation Study Request

*\* Information required*

\*Facility \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*Point of Contact \_\_\_\_\_

\*Phone \_\_\_\_\_

Fax \_\_\_\_\_

\*E-mail \_\_\_\_\_

Test to be correlated \_\_\_\_\_

\_\_\_\_\_

Purpose of correlation \_\_\_\_\_

\_\_\_\_\_

Equipment using now \_\_\_\_\_

To be correlated against - New equipment \_\_\_\_\_

\_\_\_\_\_

\*Date requested \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail to: Whitmire Medical  
1112 S. 344th St.  
Suite 303  
Federal Way, WA 98003

Or Fax: (253) 874-4845