

For additional supplies, please complete this form and mail or fax it to our office
"Attention Supply Department." You may also call us Monday through Friday, 7:00 a.m. to 5:00 p.m. EST.

Today's Date: _____

Office Name: _____

Physician's Name: _____

Address: _____

Phone: _____

Name of Person Requesting Supplies: _____

QTY	Items
_____	Pre-filled Specimen Bottles (10ml)
_____	Pre-filled Specimen Bottles (20ml)
_____	Requisition Forms
_____	Packing Slips
_____	Transportation Bags
_____	Specimen Biohazard Bag (<i>To be placed in the Transportation Bags</i>)
_____	Direct Immunofluorescence Supplies
_____	Gene Rearrangement Supplies (<i>Please Contact Office</i>)

Please allow 4-5 days for the arrival of your supplies and do not hesitate to call our office if you have any questions concerning the mailing/shipping of specimens to our laboratory.

FOR OFFICE USE ONLY

Date Rec'd: _____

Rec'd by: _____

Date sent: _____

Completed by: _____