

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, 8:00 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 (7ml)
_____	Pre-filled Specimen Bottles (20ml)
_____	Pre-filled Specimen Bottles (40ml)
_____	Pre-filled Specimen Bottles (60ml)
_____	Pre-Printed Requisition Forms
_____	Modernizing Medicine/EMA Paper
_____	Pre-Printed Packing Slips
_____	Specimen Biohazard Bags
_____	Pre-Printed UPS Shipping Labels
_____	UPS Clinical Paks (<i>Shipping Bags</i>)
_____	White Interior Mailing Boxes
_____	Direct Immunofluorescence Specimen Bottles

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 shipment of specimens to our laboratory.

FOR OFFICE USE ONLY

Date Rec'd: _____

Rec'd by: _____

Date sent: _____

Completed by: _____

Packaged by: _____