

P.O. Box 360 • Monroe, MI 48161 • Telephone (800) 746-5870 • Facsimile (734) 242-4962

### SUPPLY REQUEST FORM – Courier

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.

Supplies needed (*please indicate quantity requested*):

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

Practice Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number Where We Can Contact You: \_\_\_\_\_

Name of Person Requesting Supplies: \_\_\_\_\_

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 Lab Use Only**

Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Completed By: \_\_\_\_\_