

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

SUPPLY REQUEST FORM – United Parcel Service

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	_____
Gene Rearrangement Supplies	<u>Please Contact Office</u>
Direct Immunofluorescence Supplies	_____
Preprinted UPS Shipping Labels	_____
UPS White Express Pak	_____
White Interior Mailing Boxes	_____
Biohazard Bags	_____

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: _____