

Assayed Sample Sets Order Form

Today's Date: _____

Date shipment needed by: _____

Identification Information	
WSLH PT ID# <input style="width: 100px; height: 20px;" type="text"/> <p style="font-size: small; margin-top: 5px;">Current / previous customer account ID (if known)</p>	CLIA ID# <input style="width: 100px; height: 20px;" type="text"/> <p style="font-size: small; margin-top: 5px;"><input type="checkbox"/> Check box if application in progress and CLIA ID# not yet received</p>

Contact Information Of Person Completing This Form	
Facility Name	Contact Name
Phone	Email

Demographic Information
Fill in ONLY if new customer <u>or</u> information is different than PT enrollment.

Shipping Information			
Facility Name	Contact Name		
Street Address	Apt, Suite, Bldg. (optional)		
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Billing Information	Check here if same as shipping information <input type="checkbox"/>		
Facility Name	Contact Name		
Street Address	Apt, Suite, Bldg. (optional)		
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Order Information				
Product Name	Item#	Price	Quantity	Total Price
Anti HIV (VSHV)	PT07010	\$189.00		
HIV Ag/Ab Combo (VSHVC)	PT07070	\$189.00		
Blood Lead – 3 samples (VSBL)	PT07020	\$131.00		
Blood Lead – 5 samples (VSPB)	PT07030	\$189.00		
<input type="radio"/> Anodic Stripping (ASV) <input type="radio"/> Graphite Furnace <input type="radio"/> ICP/MS <input type="radio"/> LeadCare Analyzer <input type="radio"/> LeadCare II Analyzer <input type="radio"/> LeadCare Ultra/Plus				
Express shipping (if desired)		\$60.00		
			Total	

Method Of Payment	
Purchase Order (PO#) - optional <input style="width: 100px; height: 20px;" type="text"/>	VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.