

## Assayed Sample Sets Order Form

Today's Date: \_\_\_\_\_

Date shipment needed by: \_\_\_\_\_

### Identification Information

WSLH PT ID#

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Current / previous customer account ID (if known)

CLIA ID#

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☐ Check box if application in progress and CLIA ID# not yet received

### Contact Information Of Person Completing This Form

Facility Name

Contact Name

Phone

Email

### Demographic Information

Fill in ONLY if new customer or 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 ☐

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
HIV (VSHV)	PT07010	\$210.00		
Blood Lead – 3 samples (VSBL)	PT07020	\$146.00		
Blood Lead – 5 samples (VSPB) <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	PT07030	\$210.00		
Express shipping (if desired)		\$60.00		
			<b>Total</b>	

### Payment Information

Purchase Order (PO#) - optional

VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.