

Assayed Sample Sets Order Form

Today's Date: _____

Date shipment needed by: _____

Identification Information

WSLH PT ID#

Current / previous customer account ID (if known)

CLIA ID# **D**

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	\$218.00		
Blood Lead – 3 samples (VSBL)	PT07020	\$220.00		
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	\$230.00		
Express shipping (if desired)		\$60.00		
			Total	

Payment Information

Purchase Order (PO#) - optional <input type="text"/>	VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.
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