



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	\$235.00		
Blood Lead – 3 samples (VSBL)	PT07020	\$233.00		
Blood Lead – 5 samples (VSPB)	PT07030	\$243.00		
<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	

Payment Information

Purchase Order (PO#) - optional

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