REQUEST FOR VIRAL CULTURE/PCR SUPPLIES

Ship To: ____________________________________________
Contact Person: _____________________________________
Phone: _____________________________________________
Purchase Order#: __________________________________

Return By—Indicate: ☐ Bulk ☐ Individual ☐ Mail ☐ Certified Courier ☐ Non-Certified Courier

Please indicate how many of each item is needed

_____ PCR/Viral culture kit  Includes one of each: viral transport media, throat swab, NP swab, requisition, shipping materials (Complete supply of materials required for shipping US Mail or Courier)

_____ Throat swab with flocked end

_____ Nasopharyngeal swab with flocked end

_____ Aqui-Pak/s™ (absorbent material) [ Certified Courier and All Other]

_____ Viral transport media

_____ Biohazard Bag(s) [Certified Courier]

_____ Requisition form(s)

_____ Sample collection instruction(s) — Please check  _____ Flu  _____ Herpes

_____ Styrofoam cooler/ice pack/screw cap secondary container Maximum of 2 – For US Mail ONLY

_____ HETL Mailing Label(s) - Not Prepaid

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HETL USE ONLY
Account# ___________________  Invoice# _________________  Invoice Date: __________________

Revision Date 9/28/2019