REQUEST FOR VIRAL CULTURE / PCR SUPPLIES

ShipTo: ____________________________

Date of Request: ____________________

Contact Person: _____________________

Purchase order#: ____________________

Telephone: __________________________

Indicate:  □ Bulk  □ Individual

□ Mail  □ Certified Courier

□ Non-Certified Courier

Please indicate how many of each item is needed

_____ PCR/Viral Culture Kits  Includes one of each – Viral Transport Media, Throat swab, NP swab, Requisition, Shipping materials (Complete supply of materials required for shipment via US Mail or Courier)

_____ Regular swab(s) (i.e. throat swabs) with flocked swab

_____ Small nasopharyngeal type swab(s) with flocked swab

_____ 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 MAX OF 2 – For US Mail ONLY

_____ HETL Mailing Label(s)

HETL USE ONLY

Account# ____________________________ Invoice# ____________________________ Invoice Date: ____________________

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