

SUPPLY ORDER FORM

DATE ORDERED: _____ ORDERED BY: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

ACCOUNT ADDRESS: _____ CITY, STATE, ZIP: _____

REQUESTED SHIP DATE: _____

MODE OF TRANSPORTATION:

COURIER PICK UP

UPS

OTHER

Addiction, Behavioral and Pain Management Services Supplies

QUANTITY	DESCRIPTION
	Billable Icup (13 Panel)
	Non-billable Icup (13 panel)
	Urine Specimen (60mL) Cups
	Orasure Oral Fluid Swabs
	Requisition Forms (Pre-printed)
	Specimen BioHazard bags
	UPS Lab Paks
	UPS Return Labels
	Specimen Collection Kits (Assembled)
	Specimen Collection Kits (Unassembled)

Wellness, Anti-Aging and Functional Medicine Services Supplies

QUANTITY	DESCRIPTION
	Customized Specimen Collection Kit (Please specify panels/tests below)
X	
X	
X	
X	
X	

FOR INTERNAL USE ONLY:

DATE ORDER RECEIVED: _____ ORDER REVIEWED BY: _____

ORDER PREPARED BY: _____ SHIP DATE: _____

ORDER DELIVERED BY: _____ DELIVERY DATE: _____