



Supply Order Form

Client: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Panel	Quantity	Items	Notes
TOXICOLOGY:			
		Specimen Cups	
RESPIRATORY INFECTION:			
		Copan Swabs	
		Pediatric Swabs	
URINARY TRACT INFECTION (UTI):			
		Collection/Transfer Cups	
		Vacutainers w/ Preservative	
WOUND INFECTION:			
		Copan Swabs	
SEXUALLY TRANSMITTED INFECTION (STI):			
		Copan Swabs	
		Collection/Transfer Cups	
		Vacutainers w/ Preservative	
VAGINITIS:			
		Copan Swabs	
GASTROINTESTINAL:			
		Copan Swabs	
OTHER:			
		Shipping Labels	
		Biohazard Bags	
		Shipping Boxes	
		Shipping Bags	
		Tox Requisition Forms	
		PCR Requisition Forms	
		Obstetrical Towelettes	

Email clientservices@assurancescientific.com or fax to 877-796-6185 the Supply Order Form when completed.