

Client: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Panel	Quantity	Items	Notes
TOXICOLOGY		Specimen Cups	
COVID RESPIRATORY		Specimen Cups	
		Copan Swabs	
		Pediatric Swabs	
UTI		Collection/Transfer Cups	
		Vacutainers w/ Preservative	
WOUND/INFECTION		Copan Swabs	
STI		Copan Swabs	
		Collection/Transfer Cups	
		Vacutainers w/ Preservative	
VAGINITIS		Copan Swabs	
GASTROINTESTINAL		Copan Swabs	
CANDIDA		Copan Swabs	
		Collection/Transfer Cups	
		Vacutainers w/ Preservative	
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.