



Supply Order Form

Full Kit: _____ CGx _____ PGx _____ Respiratory _____ UTI _____ Wound

(Full kits include shipping paks/labels and enough swabs and paperwork for 10 patients)

Itemized order:

- | | |
|-----------------------------------|------------------------------|
| _____ Biohazard bags | _____ PGx swabs |
| _____ CGx swabs | _____ PGx envelopes |
| _____ CGx envelopes | _____ RPP swabs |
| _____ Kit boxes w/ stickers _____ | _____ Shipping labels _____ |
| _____ Marketing materials | _____ Shipping - folding box |
| Specify: _____ | _____ Shipping paks _____ |
| _____ | _____ Urine collection cups |
| _____ | _____ Urine collection hats |
| _____ Misc: _____ | _____ UTI - gray top tubes |
| | _____ Wound swabs |

Kits Shipped to:

Clinic Name:
Attn:
Address:
Comments:

Email completed form to caj.anderson@plabs.com

OR fax to 844-450-1759

OR send with sample shipment