

LABORATORY SERVICE REQUEST- SUPPLY ORDER

Client / Delivery Info	Ship To <i>(Please include contact name and company info.)</i>		Invoice To <i>(If different than Report To info.)</i>	
	Phone		Fax	
	Email		P.O.	
	Delivery Due Date		Carrier	
	Account #			
<input type="checkbox"/> GROUND <input type="checkbox"/> 2 ND DAY <input type="checkbox"/> NEXT DAY <input type="checkbox"/> OTHER				

Microbial Environmental Monitoring Supplies	<i>Please indicate the quantity of each item that you need</i>	
	<input type="checkbox"/> Fallout Plate (sold in package of 10 plates) →	TSA _____ SDA _____ Other _____
	<input type="checkbox"/> Contact Plate (sold in package of 10 plates) →	DE _____ TSA _____ SDA _____ Other _____
	<input type="checkbox"/> Biotest™ Air Sampler Strips →	TSA _____ Rose Bengal _____ SDA _____ Other _____
	<input type="checkbox"/> Sterile Buffer Solution with Dacron Swab	_____
	<input type="checkbox"/> Biotest™ Centrifugal Air Sampler – Daily Rental; Dates needed:	_____ to _____
	<input type="checkbox"/> Sterile Gloves and Hand Sanitizer	_____
	<input type="checkbox"/> Additional items not listed:	_____

Water Testing/Misc. Supplies	<i>Please indicate the quantity of each item that you need</i>	
	<input type="checkbox"/> Sterile Specimen Cups, 120 mL	_____
	<input type="checkbox"/> Sterile Non-pyrogenic Tubes, 15 mL (LAL)	_____
	<input type="checkbox"/> Sterile Glass Bottles, 1 Liter	_____
	<input type="checkbox"/> Glass Bottles, 1 Liter (Water Monograph)	_____
	<input type="checkbox"/> Polycarbonate Bottles, 1 Liter (Water Monograph)	_____
	<input type="checkbox"/> Vials, 40 mL (TOC)	_____
	<input type="checkbox"/> Additional items not listed:	_____

SPECIAL INSTRUCTIONS

TESTING AUTHORIZED BY (Please sign) _____ **DATE:** _____