



## Client Supply Order Form

Client Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Request Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Item	Qty.
GA Lab Request Form	
FedEx Clinical Pak w/ Airbill	
Box (12 x 7 x 3 in.)	
Abbott <i>multi-Collect</i> Kit (orange top – 50 per box)	
BD Affirm VPIII ATTS Kit (10 per box)	
Cystic Fibrosis Buccal Swab Collection Kit	
hc2 DNA Collection Device (for non-Pap HPV testing)	
Nasopharyngeal Swab (for RVP, etc.)	
Other:	
Other:	

**We appreciate your business!**  
**Please fax form to (615) 781-0766.**

---

**Genetic Assays, Inc.**  
 4711 Trousdale Drive • Suite 209 • Nashville, TN 37220  
 PH: (615) 781-0709 • FX: (615) 781-0766  
[www.geneticassays.com](http://www.geneticassays.com)