



Client Supply Order Form

Client Name: _____ Account #: _____

Shipping Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

Request Date: _____ Requested by: _____

Item	Qty.
Biohazard Bag	
Box - medium (11.5 x 7 x 3 in.)	
Box - small (7.5 x 4 x 2 in.)	
Cystic Fibrosis Buccal Swab Collection Kit	
Fecal Swab (for GPP)	
FedEx Clinical Pak w/ Airbill	
G Swab®	
Lab Request Form	
Nasopharyngeal Swab (for RVBP)	
Other:	

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

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