



## Supply Order Form

Once form is completed, please email to [jwillis@prioritytoxlab.com](mailto:jwillis@prioritytoxlab.com) and copy [cwall@prioritytoxlab.com](mailto:cwall@prioritytoxlab.com).  
Please allow 2-3 business days for shipments to arrive via FedEx Ground.

Clinic Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Requested By: \_\_\_\_\_

Request Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

### **FORMS/REQUISITIONS:**

(Please indicate number needed)

Vacutainer Urine Cups/Tubes (100 ct. each): \_\_\_\_\_ Select One:   Tox    UTI

Requisition Forms: \_\_\_\_\_ Biohazard Bags (100 ct.): \_\_\_\_\_

Small Gloves: \_\_\_\_\_ Medium Gloves: \_\_\_\_\_ Large Gloves: \_\_\_\_\_

### **SHIPPING MATERIALS:**

FedEx Large Boxes: \_\_\_\_\_ UPS Large Boxes: \_\_\_\_\_

FedEx Clinical Paks: \_\_\_\_\_ UPS Clinical Paks: \_\_\_\_\_

FedEx Labels: \_\_\_\_\_ UPS Labels: \_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_