

# CLIENT SUPPLY ORDER FORM

Phone: 877.820.8047 / Fax: 256.327.9858 / Email: [supplies@diatherix-eurofins.com](mailto:supplies@diatherix-eurofins.com)

- All supply orders are shipped via FedEx® Ground.
- Orders received after 3:00 PM CST may be shipped the following business day.

Client Number: \_\_\_\_\_ Client Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments:

## Specimen Collection Supplies

QTY	KIT
<input type="checkbox"/>	<b>1 ESwab™ Collection Tube</b> <i>(White Top Tube)</i>
<input type="checkbox"/>	<b>2 Nasopharyngeal Swab</b>
<input type="checkbox"/>	<b>3 Genital Health Collection Tube</b> <i>(Orange Top Tube)</i>
<input type="checkbox"/>	<b>4 Biohazard Bag</b>
<input type="checkbox"/>	<b>3 Patient Stool Collection Kit</b>
<input type="checkbox"/>	<b>4 Patient Stool Collection Device</b>

See Client Service Manual for list of items in each kit at [www.diatherix.com/Client-Service-Manual.html](http://www.diatherix.com/Client-Service-Manual.html)

## Shipping Supplies

QTY	ITEM
<input type="checkbox"/>	<b>1 Specimen Shipping Boxes</b>
<input type="checkbox"/>	<b>2 FedEx® Clinical Pak</b>
<input type="checkbox"/>	<b>3 FedEx® Shipping Label</b>
<input type="checkbox"/>	<b>4 Preprinted Requisition Form</b>

Click to email this order to [supplies@diatherix.com](mailto:supplies@diatherix.com):

**SUBMIT**

