

SUPPLY ORDER FORM

STOOL KITS

Please fax this form to the Bureau of Laboratories: FAX #: **610-594-9893**.

Include: your name of agency, delivery address (Street Address, **NO** Post Office Box #'s) and phone number below.

You will be contacted if there will be a delay in your shipment.

Item	Quantity Requested	Quantity Sent
Stool Kits* (Stool Culture, Norovirus)		
Cary Blair (Additional Supply Only)		
Lab Submission Forms (Additional Supply Only)		

***Kit includes:** Shipping Box w/shipping labels, Zip Lock Biohazard Bag, Absorbent Sheets, Ice Pack, (1) Cary Blair, Lab submission forms w/bag, instructions.

Agency Name: _____

Delivery Address: _____

Contact Person:

Name: _____

Phone #: _____

E-Mail: _____

BOL Lab Use Only

Date Mailed: _____ Carrier: _____ Entered Shipment: _____ Initials: _____

Quick Courier: _____ USPS: _____