



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

MDL SUPPLY ORDER FORM

Date: _____ Account #: _____

Physician Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Attention: _____

Signature of person completing this form: _____

Please complete all areas and fax to Client Services (609) 570-1010 (Please allow 3-5 business days for order processing & delivery)

ITEM NAME	QUANTITY
GYN Swab Collection Kit for PCR (OneSwab [®])	
Urine Collection Kit for PCR (UroSwab [®])	
Nasal Swab Collection Kit for PCR (NasoSwab [™])	
Single Female Swab	
Single Male Swab	
Collection Kits	
Biopsy Collection Kit - (1) Biopsy Bottle, Styrofoam & Cold Pack	
Body Fluid Collection Kit - (1) Red Top Tube, Styrofoam & Cold Pack	
ELISA Collection Kit - (1) SST & Styrofoam	
PCR Collection Kit - (2) ACD-A Tubes & Styrofoam	
PCR/ELISA Collection Kit - (2) ACD-A Tubes, (1) SST & Styrofoam	
Semen Collection Kit - (1) Sterile Container, Styrofoam & Cold Pack	
Urine Collection Kit for PCR - (1) Sterile Container, Styrofoam & Cold Pack	
Western blot Kit - (1) SST, Pour-off Vial, Styrofoam & Cold Pack	
Miscellaneous Supplies	
Biopsy Bottle	
Cold Pack	
Plastic Pour-off Vial	
Red Top Tube - Non-additive	
Serum Separator Tube	
Specimen Bags	
Sterile Container	
FedEx Styrofoam kit with cardboard - Transport for Swabs or Blood Tubes - Room Temperature	
Yellow Top Tube (ACD Solution A)	
Test Requisition Forms	
<input type="checkbox"/> GYN: (OneSwab [®]) <input type="checkbox"/> Combo: OneSwab [®] / UroSwab [®] / NasoSwab [™]	
<input type="checkbox"/> Standard: NasoSwab [™] /Blood	
Mailers	
<input type="checkbox"/> FedEx Lab Mailer	