



# 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 ( <i>OneSwab</i> ®)	
Urine Collection Kit for PCR ( <i>UroSwab</i> ®)	
Nasal Swab Collection Kit for PCR ( <i>NasoSwab</i> ™)	
Single Female Swab	
Single Male Swab	
<b>Collection Kits</b>	
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	
<b>Miscellaneous Supplies</b>	
Biopsy Bottle	
Cardboard Box for Small Styrofoam	
Cold Pack	
Plastic Pour-off Vial	
Red Top Tube - Non-additive	
Serum Separator Tube	
Specimen Bags	
Sterile Container	
Styrofoam Container (Small) - Transport for Swabs or Blood Tubes - Room Temperature	
Yellow Top Tube (ACD Solution A)	
<b>Test Requisition Forms</b>	
<input type="checkbox"/> GYN: ( <i>OneSwab</i> ®) <input type="checkbox"/> <i>UroSwab</i> ®/ <i>OneSwab</i> ®	
<input type="checkbox"/> Standard: <i>NasoSwab</i> ™ Blood <input type="checkbox"/> Combo: <i>UroSwab</i> ®/ <i>OneSwab</i> ®/ <i>NasoSwab</i> ™	
<b>Mailers</b>	
<input type="checkbox"/> DHL Lab Mailers <input type="checkbox"/> Federal Express Lab Mailers	