



**Florida  
Laboratory  
Analysis**

Please fax order to:  
(904)800-1307  
Please Email Orders to:  
jwilliams@floridalaboratoryanalysis.com

## Client Supply Order Form

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

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

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

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

(if different)

Shipping Option:      Standard (7-10 days)      Priority (3-5 days)      Rush (1-3 days)

\*\*\*Please note Priority and Rush Deliveries are subject to additional delivery fees.

Office Contact/Title \_\_\_\_\_

### Supplies:

	25	50	100	OTHER (INDICATE QTY)
<b>REQUISITIONS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>SHIPPING PAK W/ LABEL:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>SPECIMEN BAGS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>STERILE URINE CUPS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>TOXICOLOGY ORAL KITS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>STERILE CUPS W/ COLLECTION TUBE KIT: (BLUE TOPS)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>POC UDS 6 PANEL CUPS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>NASALPHARYNGEAL SWABS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>PARA-PAK CONTAINERS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<b>OTHER:</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____

Please allow 7-10 days for standard delivery. Orders marked for rush delivery will be subject to a rush delivery fee of \$20.00.

Order Filled By: \_\_\_\_\_ Date: \_\_\_\_\_ Shipped Via: UPS or Courier Date: \_\_\_\_\_