



Vision Laboratories

TESTING MATERIALS REQUEST LIST

CLIENT: _____

DATE: _____

OUTER SHIPPING CONTAINERS	QUANTITY REQUESTED	FEE
UPS SILVER LAB PAK		\$0
UPS SECURITY BOX (BROWN)		\$0
UPS EXPRESS BOX - MEDIUM		\$0
UPS EXPRESS BOX - LARGE		\$0

RETURN SHIPPING LABELS	QUANTITY REQUESTED	FEE
NEXT DAY AIR		\$0
2-DAY AIR		\$0
NEXT DAY AIR (WITH SATURDAY DELIVERY)		\$0
GROUND		\$0

PGT SUPPLIES	QUANTITY REQUESTED	FEE
PAPER PGT REQUISITIONS		\$0
PGT ORAL SWABS		\$0
PGT BIOHAZARD BAGS		\$0
PGT SPECIMEN CONTAINER LABELS (SHEETS)		\$0

TOX SUPPLIES	QUANTITY REQUESTED	FEE
PAPER TOX REQUISITIONS		\$0
TOX ORAL FLUID COLLECTION KITS		\$0
TOX URINE SPECIMEN CUPS		\$0
TOX POCT CASSETTS		\$4/EACH
TOX BIOHAZARD BAGS		\$0
TOX SPECIMEN CONTAINER LABELS (SHEETS)		\$0

MISCELLANEOUS SUPPLIES	QUANTITY REQUESTED	FEE
ZEBRA ZP45 SPECIMEN LABEL PRINTER LABELS (ROLLS)		\$0
		\$0

OTHER SUPPLY NOT LISTED ABOVE	QUANTITY REQUESTED	FEE
		\$0
		\$0
		\$0

SHIP TO ADDRESS: _____

RETURN COMPLETED REQUEST FORM TO TODD AT: tdavidson@visionlaboratories.com or
FAX TO: 423.803.0393