

## SUPPLY REQUEST

**PLEASE FAX TO: (903) 900-4192 OR EMAIL: [clientservices@pradusdx.com](mailto:clientservices@pradusdx.com)**

	QUANTITY	ITEM
<input type="checkbox"/>		Respiratory Collection Kit
<input type="checkbox"/>		UTI Collection Kit
<input type="checkbox"/>		Wound Collection Kit
<input type="checkbox"/>		GI Collection Kit
<input type="checkbox"/>		General Requisition
<input type="checkbox"/>		Genitourinary Requisition
<input type="checkbox"/>		Respiratory Requisition
<input type="checkbox"/>		Miscellaneous Testing Requisition
<input type="checkbox"/>		Specimen Bags
<input type="checkbox"/>		UPS Lab Packs
<input type="checkbox"/>		UPS Boxes
<input type="checkbox"/>		UPS Shipping Labels

Shipment Date:	
Account Name:	
Mail Attention To:	
Address:	
Ship:	<input type="checkbox"/> Next Day Air (overnight) <input type="checkbox"/> Ground <input type="checkbox"/> Pickup/Drop off
For Admin Use:	Submitted By: _____ Filled By: _____