

**INSTRUCTIONS**

1. Please PRINT CLEARLY when providing required information to ensure proper processing.
2. Please return completed form to support@diacarta.com.

**PART 1. CLIENT INFORMATION**

CLIENT ORGANIZATION NAME				<input type="text"/>			
CONTACT PERSON LAST NAME	CONTACT PERSON FIRST NAME		CONTACT PERSON INITIAL		ORDER DATE		
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		
SHIPPING STREET ADDRESS			PHONE NO.	FAX NO.			
<input type="text"/>			<input type="text"/>	<input type="text"/>			
SHIPPING CITY	SHIPPING STATE	ZIP CODE	EMAIL ADDRESS				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
BILLING STREET ADDRESS (LEAVE AS BLANK IF BILLING ADDRESS IS THE SAME AS SHIPPING ADDRESS)							
<input type="text"/>							
SHIPPING CITY	SHIPPING STATE	ZIP CODE					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

**PART 2. ORDERING INFORMATION**

Item Name	Pack Size	Catalog #	Quantity
RadTox™ Test Blood Collection Kit (1 Tube per Kit)	Individual Package	DC-08-1002	
FedEx UN3373 Envelope and Prepaid Return Shipping Label		DC-11-1003	

Comments:

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