National Jewish Health®
Breathing Science is Life.®

Client Services
1400 Jackson Street
Denver, CO 80206
(800) 550-6227
www.njlabs.org

SAMPLE KIT ORDER FORM

BERYLLIUM TESTING

FAX TO: (303) 270-2175

EMAIL:ClinRefLabs@njhealth.org

CLIENT INFORMATION

Account Name: **Account Number:**

Contact Phone: Contact Fax:

Address:

City: State: **Zip:**

KIT REQUEST (ONE KIT PER PERSON)

Date Kits Needed By:

Quantity of Kits ($20.00 per Kit. Minimum Purchase of 5 Kits): .

Quantity of Kits ($35.00 per Kit. <5 Kits}: .

Tubes ONLY 10mL green tops ($1.00 per tube Minimum Purchase of 10)

Kits and tubes can also be purchased directly from www.fishersci.com Catalog No. 03-528-26

PAYMENT

☐ Bill facility ☐ Check payment enclosed with sample

☐ Credit Card: (circle one) Visa MC Discover American Express
Name on credit card:_____ CVV # (Security code)_____

Credit Card #:_____Expiration:_____

Billing Address: _____

COMMENTS _____.

PLEASE ALLOW TWO WEEKS FOR DELIVERY