

## Supply Order Form

To order additional testing supplies please complete the following and fax to  
941-365-5159 or send by e-mail to [clientservices@choicediagnostics.com](mailto:clientservices@choicediagnostics.com)

DATE: \_\_\_\_\_ CUSTOMER ID: \_\_\_\_\_

COMPANY: \_\_\_\_\_ LOCATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

SHIPPING ADDRESS:  
(MUST BE PHYSICAL STREET ADDRESS) \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_

### QUANTITY

### SUPPLIES

\_\_\_\_\_ FEDERAL CUSTODY AND CONTROL FORMS (DOT COC)

\_\_\_\_\_ NON-DOT CUSTODY AND CONTROL FORMS (COC)

\_\_\_\_\_ INSTANT CUSTODY AND CONTROL FORMS (COC)

\_\_\_\_\_ STANDARD SUPPLIES (CUPS, MAILERS, SHIPPING LABELS)

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

(If supplies are to shipped overnight to you please indicate and include billing information for overnight shipment.)

OVERNIGHT?  No  Yes

COURIER SERVICE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**PLEASE ALLOW 7 TO 10 BUSINESS DAYS FOR STANDARD DELIVERY**