



# TOXICOLOGY SUPPLIES REQUEST FORM

## INSTRUCTIONS

1. Please complete this form in its entirety to ensure timely processing.
2. Please FAX this form to: 808-451-3424 with ATTN: Customer Service or email customer service: [CS@ohanalab.com](mailto:CS@ohanalab.com)
3. Please allow 5 business days for delivery.

## PRACTICE/CLINIC INFORMATION

Practice/Clinic Name

Practice/Clinic Phone No.

Practice/Clinic Address

## SUPPLIES

Please select all required supplies from the options below, providing quantities in the space next to each item:

Description	Units	Qty	Description	Units	Qty
<u>General Supplies</u>			<u>Collection Containers/Tubes</u>		
<input type="checkbox"/> Test Request Forms (500 per box)	each	_____	<input type="checkbox"/> Urine Containers, sterile	each	_____
<input type="checkbox"/> Barcode Labels (serialized in duplicate)	each	_____	<input type="checkbox"/> Urine POC 12 Panel Cups: (\$3.99 ea + tax)	each	_____
<input type="checkbox"/> Shipping Bags/Boxes (100 per box)	each	_____	(25 per box or 100 per case)		
<input type="checkbox"/> Shipping Labels	each	_____			

Other/Unspecified/Additional Supplies (write clearly below with associated quantities):

**PLEASE NOTE:** The aforementioned supplies provided are to be solely used for the collection and preparation of specimens to be sent to **Ohana Laboratories and its affiliates** for testing. These supplies are not intended for any other uses; and such a limitation is required to comply with applicable laws. Your acceptance of supplies provided by **Ohana Laboratories** constitutes acknowledgement and agreement to these terms and conditions.

## ORDER AUTHORIZATION

(print name)

(signature)

(date)