DIACARTA

CLIA ID#: 05D2110800

Supply Order Form

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

CONTACT PERSON LAST NAME | CONTACT PERSON FIRST NAME | CONTACT PERSON INITIAL | ORDER DATE

SHIPPING STREET ADDRESS | PHONE NO. | FAX NO.

SHIPPING CITY | SHIPPING STATE | ZIP CODE | EMAIL ADDRESS

BILLING STREET ADDRESS (LEAVE AS BLANK IF BILLING ADDRESS IS THE SAME AS SHIPPING ADDRESS)

SHIPPING CITY | SHIPPING STATE | ZIP CODE

PART 2. ORDERING INFORMATION

Item Name	Pack Size	Catalog #	Quantity
QuantiVirus™ NP Collection Kit (Nasopharyngeal Collection Kits)	Individual Package	DC-11-0026	
QuantiVirus™ NP Collection Kit (Nasopharyngeal Collection Kits)	50 kits per box	DC-11-0025	
QuantiVirus™ Saliva Collection Kit	Individual Package	DC-11-0021	
Test Requisition Form (For manual input order only. 1 test requisition form could only be used on 1 sample)	1 Form	DC-11-1002	
FedEx UN3373 Shipping Evelope (Additional cost may apply)	1 Evelope	DC-11-1004	
FedEx Prepaid Return Shipment Label (Additional cost may apply)	1 Label	DC-11-1003	

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