

Molecular Supply Request Form

Please request all supplies by 1PM EST on Wednesday for the following week.

Allow 3-4 days for shipping.

COURIER CLIENTS: Place your supply order one day prior to your test pick up date.

Clinic Name:		
Address:		
City:	State:	Zip Code:
Requested Delivery Date:	Submitted By:	
Contact Phone Number:	Email:	

TESTING SUPPLIES NEEDED:

Check Box	Type of Testing	Qty.
<input type="checkbox"/>	UTI PCR	
<input type="checkbox"/>	Sexual Health PCR Circle One: Swab or Urine Cup	
<input type="checkbox"/>	Respiratory PCR Circle One: Nasopharyngeal or Nasal	
<input type="checkbox"/>	COVID PCR Circle One: Nasopharyngeal or Nasal	
<input type="checkbox"/>	Nail PCR	
<input type="checkbox"/>	Wound PCR	
<input type="checkbox"/>	Gastro PCR	

PACKING MATERIALS:

Check Box	Description	Qty.
<input type="checkbox"/>	Small FedEx Paks w/ labels	
<input type="checkbox"/>	Large FedEx Paks w/ labels	
<input type="checkbox"/>	Small Foil Pack	
<input type="checkbox"/>	Large Foil Pack	



INDUSTRY LAB

**Send completed form
via email or fax**

supplies@ildp.com

(513) 860-0373

NOTES: