National Jewish Health
Science Transforming Life®

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

SAMPLE KIT ORDER FORM

FAX TO: (303) 270-2175

CLIENT INFORMATION

Account Name: **Account Number:**

Contact Name:

Contact Phone: **Contact Fax:**

Address:

City: **State:** **Zip:**

KIT REQUEST

Date Needed By:

Quantity of Kits ($12.00 per Kit. Minimum Purchase of 5 Kits) :

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

An additional shipping charge of $75 will be added to overnight or expedited shipments.

Kits and tubes can also be purchased directly from www.fishersci.com Catalog No. 22-130-027

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