

## METAL ALLERGY TESTING

### SAMPLE KIT ORDER FORM

**FAX TO: (303) 270-2175**

EMAIL: ClinRefLabs@njhealth.org

#### CLIENT INFORMATION

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

#### KIT REQUEST (ONE KIT PER METAL TESTED, CHECK ALL METALS TO BE TESTED)

Metal(s) to be tested:  Nickel  Cobalt  Chromium

Date Kits Needed By: \_\_\_\_\_

Quantity of Kits (\$20.00 per Kit. Minimum Purchase of 3 Kits): \_\_\_\_\_

Quantity of Kits (\$35.00 per Kit. <3 Kits) \_\_\_\_\_

Tubes ONLY 10mL green tops (\$1.00 per tube Minimum Purchase of 10) \_\_\_\_\_

Kits and tubes can also be purchased directly from [www.fishersci.com](http://www.fishersci.com) Catalog No. 03-528-26

#### 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**