

Supply Order Form

SUBMISSION

Please indicate supplies necessary for collection of

specimens and submit by: Text: 501.918.0880 Fax: 501.408.3439

Email: info@plallc.com

Please allow 5 business days for delivery.

Supplies will NOT be overnighted.

CLIENT INFORRMATION	Clinic Name: Date Requested: Requested By:
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To comply with OIG and Federal Anti-Kickback statutes, supplies will only be provided in correlation with samples received.

QTY REQUESTED	ITEM		
	Specimen Cups	The state of the s	
	Specimen Bags	The state of the s	
	Oral Fluid Collection Devices	Assessment	
	Courier Transport Bags	LABLECT SPOTATION FOR THE STATE OF THE STA	
	Shipping Bags	• X	
	□ UPS □ FEDEX	Laboratory Pak	
	Shipping Labels	WEIGHT AND STORY OF THE PROPERTY OF THE PROPER	
	□ UPS □ FEDEX	WIT 597 0-01 WIT SO TO	
	Requisition Forms		
QTY	Description		
OTHER	OTHER		

Revised 7/01/23