



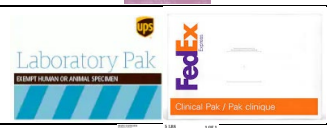

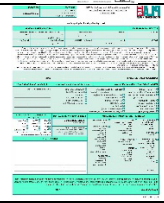


SUBMISSION	<p>Please indicate supplies necessary for collection of specimens and submit by: Text: 501.918.0880 Fax: 501.408.3439 Email: info@plallc.com Please allow 5 business days for delivery. Supplies will NOT be overnighted.</p>
-------------------	--

CLIENT INFORMATION	<p>Clinic Name: _____ Date Requested: _____ Requested By: _____</p>
---------------------------	---

To comply with OIG and Federal Anti-Kickback statutes, supplies will only be provided in correlation with samples received.

QTY REQUESTED	ITEM	
_____	Specimen Cups	
_____	Specimen Bags	
_____	Oral Fluid Collection Devices	
_____	Courier Transport Bags	
_____	Shipping Bags <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX	
_____	Shipping Labels <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX	
_____	Requisition Forms	
QTY	Description	
OTHER	OTHER	

Revised 7/01/23