



Cellular Product Client Transport Kit SUPPLY REQUEST FORM

Please fax this form to ViroMed Account Management at 336-436-1812 or
E-mail this form to ViroMed_AcctMgmt@LabCorp.com

LabCorp Account #: _____

Ordered by: _____ Telephone #: _____

Please complete the information below with your ship-to address:

Facility: _____

Attention: _____

Address: _____

City, State, Zip Code: _____

Supplies are routinely shipped via ground service to arrive 7 – 10 days following receipt of order. To request overnight delivery, please provide the information below, and overnight charges will be billed to your air courier account.

Air Courier: _____ Account #: _____

Authorization: _____

QUANTITY	ITEM NAME	ITEM #
	Cellular Product Client Transport Kit – (Transport Box Only – Bottles Not Included) - Each	38949G
	Product Sterility Transport Kit- 1 Donor (1 SN Culture Bottle/ 1 SA Culture Bottle), Each	38701G/ 39271G
	Product Sterility Transport Kit- 4-6 Donors (5 SN Culture Bottles/ 5 SA Culture Bottles), Each	38707G/ 39272G

Summer version kits are distributed April through November. Winter version kits (containing warm packs) are distributed December through March.

Please order test request forms through your local LabCorp supplier.

Please limit inventories for the culture bottles to a 1-month supply.

If you have questions, please call ViroMed Account Management at 800-582-0077.

ViroMed Use Only:

Received by: _____ Received Date: _____

Order #: _____