



## Reproductive Donor 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 #: \_\_\_\_\_ OR Patient Service Center X-Code: \_\_\_\_\_

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 #
	ViroMed Direct Shipping Kit, <b>Each</b>	38170G-S
	ViroMed Direct Shipping Kit, <b>Case of 12</b>	38170

**Please note that each ViroMed Direct Shipping Kit includes the following items:** ViroMed direct shipping box, foam interior cooler, sealing tape, biohazard leakproof bag, Aqui-Pak™ 6-bay absorbent pouch, ambient gel wrap, two 8.5 mL gel-barrier tubes, three 4 mL lavender-top (K<sub>2</sub> EDTA) tubes, one GEN-PROBE® APTIMA® Urine Specimen Collection Kit, specimen collection and packing instructions, FedEx Express Clinical Pak (large), FedEx Saturday Delivery sticker, and FedEx Express Billable Stamp.

Please order test request forms through your local LabCorp supplier.

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

**ViroMed Use Only:**

Received by: \_\_\_\_\_ Received Date: \_\_\_\_\_

Order #: \_\_\_\_\_