



## Supply Order Form

Please use this form to place your supply order. Simply review this form, indicate the items needed, and fax this form to Client Services. If you need something that is not listed on this form, please contact Client Services and they will be happy to assist you.

**Phone: 800.710.0624 ext. 455    Fax: 949.753.4725    Email: [clientservices@combimatrix.com](mailto:clientservices@combimatrix.com)**

### Step 1: Select Transport Kits Required

Transport Kit (All kits include FedEx Clinical Pak, FedEx airbill and biohazard bag)

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> <b>Prenatal</b>       | Quantity: _____ |
| <input type="checkbox"/> <b>Pregnancy Loss</b> | Quantity: _____ |
| <input type="checkbox"/> <b>Pediatric</b>      | Quantity: _____ |
| <input type="checkbox"/> <b>Oncology</b>       | Quantity: _____ |

### Step 2: Select Type of Requisitions Required

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> <b>Prenatal &amp; Pregnancy Loss</b> | Quantity: _____ |
| <input type="checkbox"/> <b>Pediatric</b>                     | Quantity: _____ |
| <input type="checkbox"/> <b>Oncology</b>                      | Quantity: _____ |

### Step 3: Select Media Required

- Pregnancy Loss - 50 ml tube with RPMI
- CVS - 15 ml tube with RPMI

**Other Supplies (please indicate):** \_\_\_\_\_

### Step 4: Client Information *(Preprinted on requisitions as applicable)*

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Facility name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Physician & NPI# (if desired): \_\_\_\_\_  
Physician Phone & Fax #: \_\_\_\_\_  
Sendout Lab Phone & Fax #: \_\_\_\_\_

**Step 5: Please FAX this completed form to 949.753.4725 or email to [clientservices@combimatrix.com](mailto:clientservices@combimatrix.com)**

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