GENTOX MEDICAL SERVICES

PCR & Punch Biopsy Kit Order Form

Complete in full and email to:admin@gentoxmedicalservices.com

Rep:_____

Account Information

Facility Name:_____ Date:_____

Shipping Address

Street Address:_____

Suite:_____

City:_____ State:_____

Zip Code:_____

Phone:_____ Fax:_____

Office Contact:_____ Office Email:_____

Supplies

For special requests, or additional information please leave a message in the NOTES box.

- ☐ Respira/Sinus-ID™ (Nasopharyngeal) Quantity _____
- ☐ Urine-ID™ (Urine Swab) Quantity _____
- ☐ Urine-ID™ (Urine Swab AND Specimen Cup) Quantity _____
- ☐ Gastro-ID™ (General Swab) Quantity _____
- ☐ Wound-ID™ (General Swab) Quantity _____
- ☐ Wound/Derm-ID™ (TISSUE Kit) Quantity _____
- ☐ Nail-ID™ (Nail Kit) Quantity _____
- ☐ Skin Punch Biopsy Quantity _____
- ☐ Cancer Genetics (Buccal Swab) Quantity _____
- ☐ Carrier Screening Test Kit Quantity _____

# of FedEX Clinical Packs:_____ # of UPS Clinical Packs:_____

NOTES: _____

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