

MU Veterinary Medical Diagnostic Lab Supply Order Form

810 E Campus Loop, Columbia, MO 65211

Phone 800-862-8635 (1-800-UMC-VMDL)

Return via Fax: 573-884-7229 **Order Date** _____ **Account No.** _____

Clinic Name _____

Street Address _____

City, State, Zip _____

Quantity		Cost
_____	Bacti Culturette swabs (sets of 10).....	\$6.00
_____	Anaerobe transport tube ACT (each)	\$4.00
_____	3-tube foam mailer (includes outer cardboard sleeve) (5 sets)	\$4.50
_____	Trichomonas Pak (InPouch) (each).....	\$6.00

Check shipping method for **ABOVE** items: ___ **Overnight** ___ **2nd Day** ___ **Ground**
(If not checked, the items will be sent the cheapest way. Shipping is charged to your account.)

The following supplies are provided at no cost to VMDL clients. (**Ground** shipping will be charged.) *Check items needed.*

Check Qty Description

- ___ **12** Biopsy double contained mailers with formalin, includes return boxes. (**We recycle the outer secondary container--don't attach labels or write on the outer jar. Securely tape small jar lid and fill out information on label. Enclose in a sturdy cardboard box.**)
- ___ **5** Plastic slide holders
- ___ **12** Biohazard specimen bags with absorbent
- ___ **US Mail labels**, PO Box 6023, Columbia, MO 65205 ___ **FedEx Stamp** ___ **FedEx plastic specimen pack**
- ___ **Submission forms** with client name/address (no shipping charge for labels & forms)

Thank you for choosing the VMDL. Please provide as much information as possible when submitting specimens. We ask that you include the **owner's name and address**, so all of their cases are easily located.

Prepare specimens for shipment in compliance with applicable regulations in accordance with requirements specific to the carrier (e.g., FedEx, USPS, UPS) and the Dept. of Transportation Hazardous Materials Information.

Office Use Only

Date filled, initials _____

Client billed _____