

## Accu-Chem Laboratories Toxicology Kit Request

**Date Kit(s) Requested:** \_\_\_\_\_

**Kit(s) to be sent to Doctor/Clinic listed below:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Please Mark Kits Needed</b>					
<b>Serum (10ml)</b>		<b>Urine I (Methylene blue as preservative)</b>		<b>WB I (lavender top 7ml)</b>	
Panel #	Quantity	Panel #	Quantity	Panel #	Quantity
Panel 1		Panel 2		Panel 3	
Panel 8		Panel 7		Panel 4, 4A, 4B	
Panel 9		Panel 16		Panel 10	
Panel 17		<b>Urine III</b>		<b>WBII (Royal Blue Top 7ml)</b>	
Panel 19		Panel #	Quantity	Panel #	Quantity
<b>HAZTOX</b>		Panel 3A		Panel 6	
Panel #	Quantity	Panel 18		<b>WBIII (Grey Top 7ml)</b>	
HAZTOX <sup>®</sup> 1		<b>Heavy Metals</b>		Panel #	Quantity
HAZTOX <sup>®</sup> 1I		Panel #	Quantity	Panel 5	
HAZTOX <sup>®</sup> 1II		Panel 11			
<b>Tissue (no preservatives)</b>		Panel 11A			
Panel #	Quantity	<b>Breastmilk</b>		<b>Other</b>	
Panel 1		Panel #	Quantity	Item	Quantity
Panel 1A		Panel 8		Catalog	
Panel 3		Panel 19		Pricing Info	
Panel 4, 4A, 4B				Tox Kit Request Form	
Panel 5		<b>Any other not listed please note here:</b>			
Panel 6					
Panel 8					
Panel 9					
Panel 19					

**For Internal Use Only**

Name of Accu-Chem employee who received kit order: \_\_\_\_\_

Kit order received how:  email from client     phone call from client     fax from client     other \_\_\_\_\_

Kit order shipped Via:  UPS Ground     Fedex Ground     Fedex2<sup>nd</sup> Day     Fedex Overnight     USPS  
 Other \_\_\_\_\_

Date Kit Order Shipped: \_\_\_\_\_      Expected Arrival Date: \_\_\_\_\_

Kit Order Packed By: \_\_\_\_\_      Kit Order Shipped By: \_\_\_\_\_

Kit order approved by: \_\_\_\_\_      Date: \_\_\_\_\_