



PAID REPLACEMENT SPECIMEN ORDER FORM (Fax the Completed Form to: 202-835-0440)

FAX

MLE ID NUMBER: _____ TO: MLE Customer Service

REQUEST DATE: _____ YOUR NAME: _____

YOUR FAX #: _____ YOUR PHONE #: _____

I would like to order the following specimen [s]:

(Include prefix and number, for example, CH-1)

Five sets of horizontal lines for listing specimen orders.

I agree to pay the fee of \$12 per specimen, plus \$45 for shipping and handling.

Signature: _____

Name of facility: _____

Method of payment:

Send Invoice Purchase Order _____

Credit Card: VISA Mastercard CVV code on back: _____

Credit Card Number: _____ Exp: /

Name As It Appears On The Card: _____

Cardholder Signature: _____

NOTE: If you are ordering replacements because your specimens were MISSING or ARRIVED damaged (broken, hemolyzed, etc.) Do not use this form. Contact MLE at 1-800-338-2746, option 5