

SUPPLY ORDER FORM COMPLETION

1. **Account Name:** Print the name of your account here.
2. **Ordered By:** Print the name of the person ordering supplies here.
3. **Date:** Print the date you are placing the supply order.
4. **Quan.:** Write the number of supplies you need next to the Type of Container per supply.
5. **Submit Fax Water Supply Order Form:** Fax your order to the WQL Purchasing Department at 269-969-8791 or return via RML Courier.
6. Please, NO PHONE ORDERS and ALLOW TWO DAYS FOR DELIVERY OF SUPPLIES!

RML

Regional Medical Laboratories, Inc.

FAX WATER SUPPLY ORDER FORM

FAX ORDER TO 269-969-8791 OR RETURN VIA RML COURIER.
(PLEASE, NO PHONE ORDERS AND ALLOW TWO DAYS FOR DELIVERY OF SUPPLIES)

EXAMPLE ONLY! PRINTABLE VERSION BELOW!

Account Name: 1 Ordered By: 2 Date: 3

STORE AT ROOM TEMPERATURE UNLESS NOTED (*)

COLLECTION CONTAINERS

4 Quan.	Type of Container	Tests
_____	120 ml Sterile 4-inch specimen container/screw top each	Water Profile I (6660-Coliform (P/A) 6662-Nitrate Coliform (P/A) only Nitrate only Surface Water - E-Coli.
_____	Whirl bag with Thio/pill each	Coliform (M/F) Pool
_____	50 ml conical tubes each	Arsenic/Lead/Nitrite

FORMS

_____ WQL Water Test Request Order Forms each

MISCELLANEOUS

_____ Specimen Transport Bags pkg/25

_____ Freezer Ice Packs (*Place in freezer overnight prior to using to insure frozen state.) each

_____ Foam Shipping Container each

◆ RML USE ONLY ◆

RML Received via FAX Courier Initials: _____ These items received will be used specifically for collection of specimens that are sent to RML, Inc.

Delivered by (Courier name): _____ Name of Account Staff Received: (Please print full name) _____

Delivered Date: _____ Date Account Received: _____

THESE SUPPLIES MUST BE USED SOLELY FOR COLLECTION OF RML SPECIMENS

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Regional Medical Laboratories, Inc.

FAX WATER SUPPLY ORDER FORM

FAX ORDER TO 269-969-8791 OR RETURN VIA RML COURIER.
(PLEASE, NO PHONE ORDERS AND ALLOW TWO DAYS FOR DELIVERY OF SUPPLIES)

Account Name: _____	Ordered By: _____	Date: _____
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COLLECTION CONTAINERS

Quan.	Type of Container	Tests
_____	120 ml Sterile specimen container/screw topeach	Water Profile I (6660-Coliform (P/A) 6662-Nitrate) Coliform (P/A) only Nitrate only Surface Water – E-Coli.
_____	Whirl bag with Thio/pilleach (for chlorinated water samples.)	Coliform (M/F) Pool
_____	50 ml conical tubeseach	Arsenic/Lead/Nitrite

FORMS

_____	WQL Water Test Request Order Forms each
_____	Fax Water Supply Order Formpkg/10

MISCELLANEOUS

_____	Specimen Transport Bagspkg/25
_____	Freezer Ice Packs (<i>*Place in freezer overnight prior to using to insure frozen state.</i>) each
_____	Foam Shipping Container each

↓ RML USE ONLY ↓

RML Received via <input type="checkbox"/> FAX <input type="checkbox"/> Courier	Initials: _____	These items received will be used specifically for collection of specimens that are sent to RML, Inc.
Delivered by (Courier name): _____	Name of Account Staff Received: (Please print full name): _____	
Delivered Date: _____	Date Account Received: _____	

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