

## ORAL FLUID QUALITY CONTROL ORDER SHEET

P.O. \_\_\_\_\_

DATE \_\_\_\_\_

BILL TO

SHIP TO

NAME _____	NAME _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE ____	CITY _____ STATE ____
ZIP _____	ZIP _____
PHONE (____) _____	

Order #	ORAL FLUID Q.C.	*PRICE	Quantity
OF400	Negative - Oral Fluid Swab	\$25.00	_____
OF4001	Positive - Oral Fluid Swab	\$27.00	_____

*\*Prices do not include shipping & handling.*

*Please fill out and fax to (913) 599-0660 or email to [cathy@protoxservices.com](mailto:cathy@protoxservices.com) and we will call you to set up your account or [to send the form electronically](#).  
[Complete the form, save it to your computer and upload it on the Contact Us page.](#)*