



ViroMed
Laboratories
A LabCorp Company

IVF DONOR SUPPLY REQUEST FORM

Please fax this form to ViroMed Client Services at 952-881-3379 or 952-939-4012.

LabCorp Account #: _____ **OR** Patient Service Center X-Code: _____

Ordered by: _____ Telephone #: _____

Please complete the information below with your ship-to address:

Facility: _____

Attention: _____

Address: _____

City, State, Zip Code: _____

Supplies are routinely shipped via ground service to arrive 7 – 10 days following receipt of order. To request overnight delivery, please provide the information below, and overnight charges will be billed to your air courier account.

Air Courier: _____ Account #: _____

Authorization: _____

QUANTITY	ITEM NAME	ITEM #
	ViroMed Direct Shipping System, Each	38170G-S
	ViroMed Direct Shipping System, Case of 12	38170

Please note that each ViroMed Direct Shipping System includes the following items: ViroMed direct shipping system box, foam interior cooler, sealing tape, biohazard leakproof bag, Aqui-Pak™ 6-bay absorbent pouch, ambient gel wrap, two 8.5 mL gel-barrier tubes, one 6 mL lavender-top (K₂ EDTA) tube, one GEN-PROBE® APTIMA® Urine Specimen Collection Kit, specimen collection and packing instructions, FedEx Express Clinical Pak (large), FedEx Saturday delivery sticker, and FedEx Express Billable Stamp.

Please order test request forms through your local ViroMed/LabCorp supplier.

If you have questions, please call ViroMed Client Services at 800-582-0077 or 952-563-3300.

ViroMed Use Only:

Received by: _____ Received Date: _____

Order #: _____ Entered by: _____ Entered Date: _____