



# Filter Paper Kit Reorder Form (Fax)

303-794-1093 (fax)  
800-842-7069 (toll-free)

3959 E Arapahoe Rd, Ste 100  
Centennial, CO 80122

[www.tamaracmedical.com](http://www.tamaracmedical.com)

**To:** FP Kit Order Department **From:** \_\_\_\_\_

**Fax:** 303-794-1093 **Pages:** 1

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_ **CC:** \_\_\_\_\_

When ordering filter paper blood lead test kits, please provide the required information below, and fax to the number above. Orders are shipped UPS Ground and should be received in approx 4 to 7 business days. **If you require expedited delivery, you must provide your UPS or FedEx Shipper ID# below.** Please provide complete and accurate information; otherwise, delays may be encountered in the shipment process.

# of Kits Requested\* (Quantities of 10, 20, 40, 80, 120): \_\_\_\_\_  Waterless (Green Env)  
 Traditional (White Env)

- Please only order enough kits to have a 1-2 month supply on hand -

Estimated Monthly Tests Submitted: \_\_\_\_\_

**For submitting clinics who do not utilize the entire kit contents, please indicate which supplies you utilize as well as the quantity and we will attempt to provide to you only the requested supplies. Please "X" the boxes below for the kit contents you desire. IF UNCHECKED, COMPLETE KITS WILL BE SENT.**

- Filter Paper (Qty \_\_\_\_\_)    Requisition Form (Qty \_\_\_\_\_)    Prepaid Envelope (Qty \_\_\_\_\_)    Lancet (Qty \_\_\_\_\_)
- Gauze (Qty \_\_\_\_\_)    Alcohol Wipe (Qty \_\_\_\_\_)    Band-Aid (Qty \_\_\_\_\_)
- D-Wipe® Towel (Qty \_\_\_\_\_)    D-Lead® Soap (Qty \_\_\_\_\_)

*\*Kit orders may be adjusted depending upon your past order history and the number of specimens we have received since those orders. If you have a large testing event scheduled or unusual circumstances, please specify below so we may provide you the correct number of kits needed:*

Account #: \_\_\_\_\_ Clinic / Dr. Name: \_\_\_\_\_

Contact Person / Attn: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address (to confirm order receipt): \_\_\_\_\_

YOUR Overnight Delivery Shipper ID#:  UPS: \_\_\_\_\_  FedEx: \_\_\_\_\_  
(optional, call to confirm)

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