National Jewish Health
Breathing Science is Life.

Client Services
1400 Jackson Street
Denver, CO 80206
(800) 550-6227
www.njlabs.org

SAMPLE KIT ORDER FORM
BERYLLIUM TESTING (BeLPT)
FAX: (303) 270-2175
EMAIL: ClinRefLabs@NJHealth.org

CLIENT INFORMATION:

Account Name: _____ **Account Number:** _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

KIT REQUEST **ONE KIT PER PERSON*:

Date Kits Needed By: _____

Quantity of Kits ($20.00 per Kit, Minimum Purchase of 5 Kits): _____

Quantity of Kits ($35.00 per Kit, <5 Kits): _____
Tubes ONLY, 10 mL Green Tops
($1.00 per tube, Minimum Purchase of 10): _____

***Kits and Tubes can also be purchased directly from www.fishersci.com, Catalog No. 03-528-26*

PAYMENT:

☐ Bill Facility ☐ Check Payment (Enclose with Sample)

☐ Credit Card (Check One): ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Credit Card: _____

Credit Card #: _____

CVV # (Security Code): _____ Expiration Date (MM/YY): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

COMMENTS:	

Please Allow Two Weeks for Delivery