

## WSLH PT<sup>Plus</sup> Order Form for **VeriSamp** Products

If you are not currently a WSLH proficiency testing customer and would like more information, please contact us at 800-462-5261 or view our [online catalog](#).

WSLH PT Customer Number: **SL** \_\_\_\_\_ (if applicable)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please print)

**Supply the following ONLY if not a current WSLH PT customer or if information is different than what is listed on your PT enrollment confirmation:**

Ship to: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bill to: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL ORDER INFORMATION

1. Indicate the number of sets needed.
2. Multiply the price each by the number of sets ordered. Please be aware when ordering multiple sets of the same product that the sets will be identical. If you require sets which are different, please call for availability.
3. Indicate the total for this order in Grand Total box.
4. Standard shipping is included in the price.
5. VS-HV will be shipped within 10 days of order being processed.
6. Please call for availability of samples.
7. Express (overnight) shipping is available upon request for an additional charge of \$25.00. Express shipping is contingent upon sample availability. Please call 800-462-5261 for more information.

Code	Product Name	# of sets	Price Each	Cost
VS-HV	Anti HIV		\$100	
VS-FL	Influenza		\$150	
VS-RV	RSV		\$150	
VS-GS	Gram Stain		\$75	
	Express Shipping		\$25	
			<b>Grand Total</b>	

**Fax Order form to:  
608-265-1111**

Still have questions???  
Call 800-462-5261, ext 0

**Method of Payment:**

Invoice Me Please reference the following PO# \_\_\_\_\_ on the invoice (if applicable)

VISA/MC. **Note: For security reasons do not write your card number on this form. Please supply this information to our Accounting department by calling the 800 number listed on the invoice you will receive after this order has been processed.**