

## 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.
3. Indicate the total for this order in Grand Total box.
4. Standard shipping is included in the price. VeriSamp products are shipped on the second Wednesday of each month.
5. Express shipping is available for an additional charge. 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	
			<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.**