

## AVIAN HEMATOLOGY ORDER FORM

## Vetlab Supply

18131 SW 98 Court

Palmetto Bay FL 33157-5509

www.ve	etlab.com					800-330-1522	• 305-253-1848	
Person Completing Profile						Date		
Hospital/Practice/Facility Name						Email		
Doctor/Owner Name Phone						FAX		
Shipping A	ddress	City	City		ZIP			
Billing Address (If different)			City	State	Zip	WEB site		
Contact Na	_1	Lab Tech	nnician					
Is your business Tax Exempt?(Please include Tax exempt Certificate)						□ Yes □ No		
Practice Ty	pe (Please check all that	□ Small Animal □ Avian/Exotic			□ Emergency	□ Equine		
□ Aquarium/	/Zoo □ Large Animal	□ Mixed	d □ Educatio	n ⊓Re	esearch/Lab	□ Physician	□ Distributor	
□ Other (Specify) □ □ Specialty (Specify) □ □								
							EXTENDED	
QTY	ITEM NUMBER	DESCRIPTION				UNIT PRICE	PRICE	
	HEM-AVLPF50	Leukopet™ WBC Kit; 50 Tests & Instructions			tions	156.44		
	HEM-AVLPF100	Leukopet™ WBC Kit; 100 Tests & Instructions				253.68		
	Leukopet™ WBC self fill kit; 200 Tests; includes							
	200 tubes, Caps, Minipet Tips, 25ul Minipet; 120ml							
	0.1% Phloxine & printed instructions.							
	HEM-AVLNF100 (Digital Pipet not included)					314.17		
	GEN-TTRKMC546320B Micro Tube Rack (fits Leukopet 1.5 ml tube)					28.32		
	STN-MDL5360-8 Phloxine 0.1% for Avian WBC; 25							
	STN-MDL5593 Natt & Herricks Solution; 16 oz (Cla				,			
	HEM-HCY3180000 Hemacytometer Brightline; Hau					388.58		
	***Prices are subjec	subject to change*** Shipping charges are added to all orders				Total		
Please che	eck □ Master0	Card	□ VISA	□ AM	IEX			
Card Numb	per	piration Date	CIN (3 digits on reverse)					
Name as it	appears on card	L		I				
Card <i>BILLI</i>	NG address	City		State	ZIP			
Signature of card holder					<u> </u>	Date		
		Terms and C	`anditions					
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Vetlab Supply has a minimum order requirement of \$25.00 before taxes and/or shipping charges on all credit/debit card purchases. <b>RETURNS</b> ***Special order items may not be returned ***								
undamaged,	be authorized & have a Return sellable condition. Upon recent customer is responsible for a	eipt of items cred	it will be posted to custo					

\*\*\*Return completed form by fax 305-232-8421 or email orders@vetlab.com \*\*\*