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## SUPPLY ORDER FORM

### CLIENT INFORMATION

Do you have an account established with ExperTox? \_\_\_ Yes \_\_\_ No

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

### SUPPLIES NEEDED (Indicate Quantity and/or Size Requested)

<b>Chain of Custody Forms:</b> DOT Chain of Custody Forms Quantity: _____	<b>Drug Test Cups:</b> DOT Urine Specimen Collection Kits Quantity: _____
Non-DOT Chain of Custody Forms Quantity: _____	Non-DOT Urine Specimen Collection Kits Quantity: _____
<b>Hair/Nail Test Kits:</b> Hair/Nail Specimen Collection Kits Quantity: _____	<b>Blood Tubes:</b> Green Top: Quantity: _____
<b>Shipping Bags:</b> <b>Airbills:</b> Quantity: _____      Quantity: _____	Lavender Top: Quantity: _____
<b>Other Urine Containers:</b> Heavy Metals/Poisons/Toxins Quantity: _____	Royal Blue Top: Quantity: _____
Volatiles Quantity: _____	Plain Red Top: Quantity: _____
<b>Lab Requisitions:</b> Quantity: _____	Serum Vials: Quantity: _____

**Complete and Fax To ExperTox 281-930-8856  
 or E-mail to customerservice@expertox.com**