

## AVIAN HEMATOLOGY ORDER FORM

## Vetlab Supply

18131 SW 98 Court

Palmetto Bay FL 33157-5509

www.vetlab.com 800-330-1522 ◆ 305-253-1848								
Person Completing Profile Date								
Hospital/Practice/Facility Name						Email		
Doctor/Owner Name Phone						FAX		
Shipping A	Address		City	<u>.</u>	State	ZIP		
Billing Address (If different)			City	State	Zip	WEB site		
Contact Name			Lab Technician		1			
Is your business Tax Exempt?(Please include Tax exempt Certificate)						□ Yes	□ No	
Practice T	ype (Please check all that	apply)	□ Small Animal □ Avian/Exotic			□ Emergency	□ Equine	
□ Aquarium/Zoo □ Large Animal □ Mixed □ Education □ Resea					esearch/Lab	□ Physician	□ Distributor	
	□ Other (Specify) _			_ □ Spec	ialty (Specify)			
							EXTENDED	
QTY	ITEM NUMBER				ti	UNIT PRICE	PRICE	
	HEM-AVLPF50 HEM-AVLPF100	Leukopet™ WBC Kit; 50 Tests & Instructions  Leukopet™ WBC Kit; 100 Tests & Instructions				161.13 261.29		
	Leukopet™ WBC kit, 100 Tests & Instructions  Leukopet™ WBC self fill kit; 200 Tests; includes					201.29		
	200 tubes, Caps, Minipet Tips, 25ul Minipet; 120ml							
	0.1% Phloxine & printed instructions.							
	HEM-AVLNF100 (Digital Pipet not included)					324.00		
	GEN-TTRKMC546320B Micro Tube Rack (fits Leukopet 1.5 ml tube)					27.20		
	STN-MDL5360-8 Phloxine 0.1% for Avian WBC; 250 ml (8 oz)					62.56		
	STN-MDL5593 Natt & Herricks Solution; 16 oz (Class 60)					58.94		
	HEM-HCY3180000 Hemacytometer Brightline; Hausser Sci 3100					439.40		
	***Prices are subject to change*** Shipping charges are added to all orders					Total		
Please ch	eck 🗆 Master0	Card	□ VISA	□ AM	EX			
Card Number			Expiration Date CIN (3 digits on		(3 digits on re	reverse)		
Name as	it appears on card			<u> </u>				
Card <i>BILL</i>	.ING address		City		State	ZIP		
Signature	of card holder			Date				
		T						
		Terms and Co						
	ly has a minimum order requiren  ***Special order items may no			oing charges	on all credit/deb	it card purchases.		
undamaged	st be authorized & have a Return d, sellable condition. Upon rece ee; customer is responsible for a	eipt of items credit	t will be posted to cust					

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