

Please print this form and fax to (305)232-8421 (Credit card orders only),
mail with payment, or call (800)330-1522.

Avian Hematology Order Form

Name _____ Date _____
 Clinic _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Email _____

QTY	ITEM #	DESCRIPTION	UNIT PRICE	EXTENDED
	HEM-AVLPF50	Avian WBC Leukopet® ; 50 Test	83.00	
	HEM-AVLNF100	Leukopet® Self-fill kit 100T (Incl. 100 tubes and caps; 25 ul Minipet; 100 Minipet tips; 120 ml 0.1% Phloxine) Not included: Digital Pipet	87.00	
	HEM-AVLPF100	Avian WBC Leukopet® ; 100 Test	156.00	
	STN-MDL546008	0.1% Phloxine; 250 ml. (Approx. 260 tests)	31.50	
	STN-MDL5593	Natt and Herricks Stain 16 oz.	37.50	
	*****	***Prices are subject to change*** Shipping charges are added to all orders	*****	
			Subtotal	

To charge to your MasterCard or Visa please complete:

Card # _____ Exp. _____ CID (Security code) _____

Name as it appears on card _____ Signature _____

Billing address (if different from shipping address)

Address _____ City _____ State _____ Zip _____