

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

# Avian Leukopet<sup>tm</sup> 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-MDL536004	0.1% Phloxine; 120 ml. (Approx. 125 tests)	21.00	
	STN-MDL536008	0.1% Phloxine; 250 ml. (Approx. 260 tests)	31.50	
	*****	<b>***Prices are subject to change*** Shipping charges are added to all orders</b>	*****	
			<b>Subtotal</b>	

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 \_\_\_\_\_