

# 1 MEDICAL DISTRIBUTION

## Order Form

Bill to:	
Name/Address:	Phone: Fax: Contact: E-Mail:

Ship to:
<input type="checkbox"/> SAME Name /Address:

Today's Date	Needed by	Client P.O. #	Ship Via* (See Bottom of Form)

Catalog No.	Description	# of Tests in a Kit/Box	# of Kits/Boxes Ordered	Amount Due
DAM-114	AMP Amphetamine Test Card	25		
DAM-102	AMP Amphetamine Test Device	40		
DBA-114	BAR Barbiturate Test Card	25		
DBA-102	BAR Barbiturate Test Device	40		
DBZ-114	BZO Benzodiazepine Test Card	25		
DBZ-102	BZO Benzodiazepine Test Device	40		
DCO-114	COC Cocaine Test Card	25		
DCO-102	COC Cocaine Test Device	40		
DMA-114	mAMP Methamphetamine Test Card	25		
DMA-102	mAMP Methamphetamine Test Device	40		
DMO-114	MOP Opiate 300 Test Card	25		
DMO-102	MOP Opiate 300 Test Device	40		
DMT-114	MTD Methadone Test Card	25		
DMT-102	MTD Methadone Test Device	40		
DOP-114	OPI Opiate 2000 Test Card	25		
DOP-102	OPI Opiate 2000 Test Device	40		
DPC-114	PCP Phencyclidine Test Card	25		
DPC-102	PCP Phencyclidine Test Device	40		
DTC-114	TCA Tricyclic Test Card	25		
DTC-102	TCA Tricyclic Test Device	40		
DTH-114	THC Marijuana Test Card	25		
DTH-102	THC Marijuana Test Device	40		
DMD-114	<b>NEW!</b> MDMA Ecstasy Test Card	25		
DMD-102	<b>NEW!</b> MDMA Ecstasy Test Device	40		

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 355 E. Campus View Blvd. #230; Columbus, OH 43235  
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DOA-124	2-Drug Test Card (COC/THC)	25		
DOA-424	2-Drug Test Card (mAMP/THC)	25		
DOA-134	3-Drug Test Card (COC/THC/OPI)	25		
DOA-234	3-Drug Test Card (COC/mAMP/THC)	25		
DOA-144	4-Drug Test Card (COC/mAMP/THC/OPI)	25		
DOA-244	4-Drug Test Card (COC/AMP/THC/OPI)	25		
DOA-154	5-Drug Test Card (COC/AMP/THC/OPI/PCP)	25		
DOA-254	5-Drug Test Card (COC/AMP/mAMP/THC/OPI)	25		
DOA-354	5-Drug Test Card (COC/mAMP/THC/OPI/PCP)	25		
DOA-454	5-Drug Test Card (COC/AMP/mAMP/THC/MOP)	25		
DOA-1554	<b>NEW!</b> 5-Drug Test Card (COC/mAMP/THC/OPI/MDMA)	25		
DOA-164	6-Drug Test Card (COC/AMP/mAMP/THC/OPI/PCP)	25		
DOA-264	6-Drug Test Card (COC/AMP/mAMP/THC, OPI, BZO)	25		
DOA-1264	<b>NEW!</b> 6 Drug Test Card (COC/mAMP/THC/OPI/PCP/MDMA)	25		
DOA-1364	<b>NEW!</b> 6 Drug Test Card (COC/AMP/mAMP/THC/OPI/MDMA)	25		
DOA-184	8-Drug Test Card (COC/AMP/mAMP/THC/OPI/PCP/BAR/BZO)	25		
DOA-194	9-Drug Test Card (COC/AMP/mAMP/THC/MTD/OPI/PCP/BAR/BZO)	25		
DOA-1104	10-Drug Test Card (COC/AMP/mAMP/THC/MTD/OPI/PCP/BAR/BZO/TCA)	25		
DOA-2104	10-Drug Test Card (COC/AMP/mAMP/THC/MTD/MOP/PCP/BAR/BZO/TCA)	25		
DOA-1145	Multi-Line Test Device 4 Drug <b>Coming soon!</b> (mAMP/COC/THC) (OPI)	25		
DOA-1155	Multi-Line Test Device 5 Drug <b>Coming soon!</b> (mAMP/COC/THC)(AMP/OPI)	25		
DOA-2165	Multi-Line Test Device 6 Drug <b>Coming soon!</b> (mAMP/COC/THC)(AMP/OPI)(BZO)	25		
CUP-101	Multi-Drug Screen Test Cup	25		
UCP-002	<b>NEW!</b> E-Z Split Key Cup	25		
DOA-1237	<b>NEW!</b> Integrated E-Z Split Key Cup w/ 3 Panel (COC/mAMP/THC)	25		
DOA-1247	<b>NEW!</b> Integrated E-Z Split Key Cup w/ 4 Panel (COC/mAMP/THC/OPI)	25		

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DOA-1257	<b>NEW!</b> Integrated E-Z Split Key Cup w/ 5 Panel (COC/AMP/mAMP/THC/OPI)	25		
DOA-3257	<b>NEW!</b> Integrated E-Z Split Key Cup w/ 5 Panel (COC/mAMP/THC/OPI/PCP)	25		
DOA-2167	<b>NEW!</b> Integrated E-Z Split Key Cup w/ 6 Panel (mAMP/COC/THC)+(AMP/OPI)+BZO	25		
FHC-101	HCG Pregnancy Test Strip	100		
FHC-102	HCG Pregnancy Urine Device/Cassette	40		
FHC-103	Urine Pregnancy Midstream Test	25		
FHC-111	HCG Pregnancy Urine Dipstick in Canister	100		
FHC-114	HCG Pregnancy Test Card	25		
FHC-201	Combo Pregnancy Test Strip	100		
FHC-202	Combo Pregnancy Test Device/Cassette	40		
FLH-103	Ovulation Midstream Test	25		
IST-501	Strep A Dipstick	25		
AD007	INTECT7-Urine Adulteration Strips	25		
HM11	6-Panel ORATECT	Each		
PC12	5-Drug MONITECT Cassette (MOR2000/MET&THC/COC/PCP)	10		
QT12A	5-Panel Dip Test QUICKTOX w/Adulterant (COC/MOR/MET/THC/PCP) w/A (CR/NI, PH/OX)	10		
QT51A	9-Panel Dip Test QUICKTOX w/Adulterant (COC/MOR/MET/THC/AMP/PCP/BZO/BAR/MTD) w/A (CR/NI, PH/OX)	10		
QT61	10-Panel Dip Test QUICKTOX (COC/MOR/MET/THC/AMP/PCP/BZO/BAR/MTD/TCA)	10		
CUP-101	Standard 90ml Cup w/Temperature Strip	25		

### Shipping Options\*

<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> Ground Transportation
<input type="checkbox"/> Second Day Delivery	<input type="checkbox"/> Express Saver (3 day delivery)	<b>*Customer is responsible for shipping and handling fees.</b>

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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