

Tel: (818) 716-4735 Fax: (818) 716-9471

ORDER FORM

This is a fillable form. Fill it online, save it on your computer and email it to $\underline{\text{order@abacusdiagnostics.com}}$. You may also fax it at (818) 716-9471.

Date_____Customer No._____(if available. If you do not know or do not have it, please leave it blank)

| Catalog # | Description | | Туре | Qty of kits/order | (US\$) | Total (US\$) | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|--------------------------------|------------------------|--------------|--|
| 308332 | • | | Lab Use | | | | |
| 404334 | ABAcard® p30: Semen Identification (25 test/ | Crime/Lab use | | | | | |
| 488099 | ABAcard® p30 : Semen Identification (10 test/l | Crime Scene | | | | | |
| 433212 | ABAcard® p30 : Semen Identification (1 test/k | Crime Scene | | | | | |
| 708424 | HemaTrace®: Human Blood Identification (25 test/kit) + | | Lab Use | | | | |
| 808426 | HemaTrace®: Human Blood Identification (25 test/kit) + | | Crime/Lab use | | | | |
| 599010 | HemaTrace®: Human Blood Identification (10 te | Crime Scene | | | | | |
| 511871 | HemaTrace®: Human Blood Identification (1 tes | Crime Scene | | | | | |
| 810923 | Hemascein :Latent Blood Detection, ID, Collection | Crime/Lab use | | | | | |
| 800121 | Hemascein: Latent Blood Detection Kit | Crime/Lab use | | | | | |
| 903295 | SALIgAE® : Saliva Identification (10 test | Crime/Lab use | | | | | |
| 259225 | Uritrace: Urine Identification Kit (25 test | Crime/Lab use | | | | | |
| 251115 | Uritrace : Urine Identification Kit (15 test/ | Crime/Lab use | | | | | |
| CSWAB50 | Containment Swab (C-Swab) (50 pcs/c | Crime/Lab use | | | | | |
| CSWAB400 | Containment Swab (C-Swab) (400 pcs/case) + | | Crime/Lab use | | | | |
| SW2A50 | FAB-SWAB (50 pcs/case) + | | Crime/Lab use | | | | |
| SW3B400 | FAB-SWAB (400 pcs/case) + | | Crime/Lab use | | | | |
| | | | | | | | |
| | | | | | | | |
| | Sales Tax (Onl. | | | | | | |
| | Shipping | | | | | | |
| | Other | | | | | | |
| Total | | | | | | | |
| + Kit Storag | th kit contains individually wrapped units ge temperature is at room temperature. er number is known as above, it is not ned | ++ cessary to fill out | - Kit storage temp t the billing/ship | perature is 2- pping inforr | -8°C. nation unless | it | |
| has changed recently. Billing | | | Shipping | | | | |
| Address: | | Address: | | | | | |
| | | | | | | | |
| | | | | | | | |
| Contact: | | Contact: | | Fow | | | |
| Phone: | Fax: | Phone: | | Fax: | | | |
| Comments: | : | | | | | | |

| Date | Customer No(if a | vailable. If you do not know or do no | ot have it, please leave it blank) |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| Paymen | t mode Bill us . PO# is | _ | |
| | Credit Card (Visa/Mastercard/Amex) | # Exp: | cVC: |
| Name | on Credit Card | | |
| This order was placed by | | Phone | Date |
| | The PO can be faxed at (818) 716-9471 or mailed USA Attention: M/S FONL-0928 The purchase order may also be placed over the phe | BFCR | ve Unit #220,West Hills,CA 9130° |

The purchase order may also be placed over the phone at (818) /16-4/35
 You may email your request to order@abacusdiagnostics.com Standing Orders: Accepted
 Delivery: Under normal circumstances, all orders are usually shipped within 1-3 working days.
 You may fax this order form to (818) 716-9471
 For any additional questions, please call (818) 716-4735 or toll free at (877) 225-9900