



ORDER FORM

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

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

Catalog #	Description	Type	Qty of kits/order	Price per kit (US\$)	Total (US\$)
308332	ABAcad® p30: Semen Identification (25 test/kit) +	Lab Use			
404334	ABAcad® p30: Semen Identification (25 test/kit) +	Crime/Lab use			
488099	ABAcad® p30 : Semen Identification (10 test/kit) +	Crime Scene			
433212	ABAcad® p30 : Semen Identification (1 test/kit) +	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 test/kit) +	Crime Scene			
511871	HemaTrace® : Human Blood Identification (1 test/kit) +	Crime Scene			
810923	Hemascein :Latent Blood Detection, ID, Collection Kit (500 ml) +	Crime/Lab use			
800121	Hemascein : Latent Blood Detection Kit (500 ml) +	Crime/Lab use			
903295	SALigAE® : Saliva Identification (10 test/kit) ++	Crime/Lab use			
259225	Uritrace : Urine Identification Kit (25 test/kit) +	Crime/Lab use			
251115	Uritrace : Urine Identification Kit (15 test/kit) +	Crime/Lab use			
SW2A50	FAB-SWAB (50 pcs/case) +	Crime/Lab use			
SW3B400	FAB-SWAB (400 pcs/case) +	Crime/Lab use			
Sales Tax (Only CA Customers)					
Shipping					
Other					
Total					

Note: Each kit contains individually wrapped units. + Kit Storage temp is at room temperature. ++ Kit storage temp is 2-8°C.
If Customer number is known as above, it is not necessary to fill out the billing/shipping information unless it has changed.

Billing	Shipping
Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Contact: _____	Contact: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Comments:

Payment mode
 Bill us . PO# is _____
 Credit Card (Visa/Mastercard/Amex) # _____ **Exp** _____
Name on Credit Card _____
This order was placed by _____ **Phone** _____ **Date** _____

- The PO can be **faxed** at (818) 716-9471 **or mailed** at Abacus Diagnostics, 6520 Platt Ave Unit #220, West Hills, CA 91307
USA Attention: M/S FONL-0928FCR
- The purchase order may also be placed over the **phone** at (818) 716-4735
- 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