



12 Panel CLIA waived National Test Systems Cup (with BUP)

ACCOUNT INFORMATION

PRACTICE/FACILITY NAME

CONTACT NAME

SHIPPING ADDRESS

SHIP TO

PHONE#

ADDRESS 1

Residential Address

ADDRESS 2

Business Address

CITY

STATE

ZIP CODE

PRODUCT	PART #	PRICE	QUANTITY (*50 CUP MINIMUM ORDER)
CLIA waived POCT cup w/BUP	12-1ML-C	\$3.45/cup	

*12 Panel Cup : COC, THC, MOP, AMP, mAMP, PCP, BZO, BAR, MTD, OXY, MDMA, & BUP

BILLING ADDRESS

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

Credit Card # _____

Cardholder Name (Person): _____

Exp: MM/YY _____

Card Billing Address: _____

CCV# _____

City, State, Zip: _____

Signature: _____