

Mayo Central Laboratory for Clinical Trials

Fax Supply Order Form – No Cover Sheet Necessary

Fax to our toll-free number: 1-800-441-1297

SPONSOR COMPANY: *Cancer Prevention Network (CPN)*

PROTOCOL: **MAY04-4-01**

Investigator: _____ Account # _____

(Account number is assigned after receiving the first supply order form. It can then be found on the requisition form included in each kit. The CT Account number is located above the investigator name on the left side of the requisition form and should be included on any future supply orders.)

Order placed by _____ Phone #: (____) _____

Fax #: (____) _____

Name and address kits should be sent to:

Today's Date: _____

Date Supplies Required: _____

MCLCT REQUESTS A MINIMUM OF 5 FULL BUSINESS DAYS

FOR RECEIPT OF SUPPLIES.

NOTE: requests without a specific "Required" date will be received within 2 weeks of today's date.

"ASAP" or "RUSH" requests will not be honored unless a specific date is provided.

Rush shipping requests may be subject to additional shipping fees and may require Sponsor/CRO approval prior to shipment

Please call 1-800-826-5561 if you have questions about this order.

Lab Supplies:

Quantity:

Blood Collection Kits	_____ <input type="checkbox"/> each
Research Mucosal Biopsies Kits	_____ <input type="checkbox"/> each
5-lb "Refrigerated/Frozen" shipping container sets; 3/case (includes one FedEx [®] airbill and cold pack per container)	_____ <input type="checkbox"/> each <input type="checkbox"/> case