

Account Setup Form

Customer/Company Name: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Fax: _____

Kit and Supplies Ship To Address:

Bill To Address:

Report Results Via:

Email

Fax

If ordering 7 day CC and LAL (please choose which apply):

48hr Colony Count

7 Day Colony Count

LAL

AAMI

Fluid Balance

Other (Please Specify): _____

If results are OOS (Out of Specification) what notification should be taken:

Email OOS Results

Other (Please Specify): _____

Email Address: _____

***If multiple email addresses please list in the Special Instructions Section* Fax: _____

Special Instructions:

Supplies Needed: (write amount of each needed)

LAL/Colony Counts Tubes: _____ AAMI/Fluid Balance Sample Bottles: _____

****Please Fax this completed form to 864-942-0006 and your account will be setup immediately****

D and D Laboratory, LLC | 201 C Towers Drive | PO Box 49682 | Greenwood, South Carolina 29649

Email: info@danddlab.com | Phone – Toll Free: 844-813-0406

Office Use ONLY: Price agreed upon (N/A when does not apply)

48 hr Colony Count: _____

LAL: _____

Fluid Balance: _____

7 day Colony Count: _____

AAMI: _____

Other: _____

FedEx Shipping: _____