STAT® VIAL 14 School Board Drive	CUSTOM VIAL RE-ORDER FORM		Print and Fax Form to:			
			1-337-364-9669			
BILL TO:	SHIP	TO: (If differe	ent from "Bill	То:")		
lame	Name					
ddress	Addres	SS				
ity	City					
		By Date:		(Must be at least 14		
						ax Number ()
tem Number	Brief Description	Description Lot		Exp (Optional)	Case Qt	
Check Here If Logo Is To Be	e Printed On Vial	_	STAT Boxes		QTY.	
		STAT 60 Box				
Legend for STAT Vial Identification Numbers	0 = No lot or exp 1 = Exp only 2 = Lot only	STAT 90 Box				
STAT1-XXXX-C#	3 = Lot & exp 4 = Logo on back	STAT 120 Box				
"#" identifies additional print options on the vial	6 = Logo & lot 7 = Logo & exp 8 = Logo & lot & exp	STAT 12	STAT 120-Set Box			
			PO #			
Authorized Representative			Date			
For Office Use Only	Item Number:					