



**Memorial Blood Centers
Donor Testing Laboratory**
737 Pelham Blvd., St. Paul, MN 55114-1739
Shipping & Receiving: 651-332-7127
Donor Testing: 651-332-7111
CLIA # 24D0663800

Supply Reorder Form

Use this form to request additional specimen shippers, blood collection tubes and/or Chlamydia/Gonorrhea collection kits to be sent to your facility.

A specimen shipper is comprised of 1 outer cardboard box, 1 inner cooler, 2 specimen transport jars and 4 gel packs. Blood collection tubes come in packages of 100. Chlamydia/Gonorrhea kits are sent out as single tubes (e.g., if you order one kit, you will receive one tube.)

Replacement shippers will be sent by FedEx Ground to your facility. Because of internal turn around time and the travel time of FedEx Ground, we recommend that you request replacement shippers when you have a 2 week supply at your facility. This amount of margin should ensure that you do not run out of shippers by the time your replacements arrive. Requests for immediate replacement of supplies will have a \$100 STAT fee applied to them.

When completed, please email or fax this form to Memorial Blood Centers at dtshipping.supplies@innovativeblood.org or 651-332-7010

Client Information	
Today's Date: _____	Client Code: _____ <i>(located in the lower left corner on your test request slip)</i>
Facility Name: _____	
Shipping Address: _____	
City: _____	State: _____ Zip Code: _____
Contact Person: _____	Phone: _____
# of Cases of Shippers: _____ (each case contains 6 complete shippers) # of Packs of EDTA tubes: _____ (each pack contains 100 tubes) # of Packs of Serum tubes: _____ (each pack contains 100 tubes) # of Chlamydia/Gonorrhea kits: _____ Urine Kits: _____ Swab Kits: _____ Urine Cups: _____	
Memorial Blood Centers Use Only	
Date Received: _____	Date Shipped: _____
FedEx Tracking #: _____	