



**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 turnaround 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](mailto:dtshipping.supplies@innovativeblood.org) or 651-332-7010**

Client Information
Today's Date: <a href="#">Click here to enter text.</a> Client Code: <a href="#">Click here to enter text.</a> <span style="margin-left: 350px;">(located in the lower left corner on your test request slip)</span>
Facility Name: <a href="#">Click here to enter text.</a>
Shipping Address: <a href="#">Click here to enter text.</a>
City: <a href="#">Click here to enter text.</a> State: <a href="#">Click here to enter text.</a> Zip Code: <a href="#">Click here to enter text.</a>
Contact Person: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a>
<b># of Cases of Shippers:</b> <a href="#">Click here to enter text.</a> <b>(each case contains 6 complete shippers)</b>
<b># of Packs of EDTA tubes:</b> <a href="#">Click here to enter text.</a> <b>(each pack contains 100 tubes)</b>
<b># of Packs of Serum tubes:</b> <a href="#">Click here to enter text.</a> <b>(each pack contains 100 tubes)</b>
<b># of Chlamydia/Gonorrhea kits:</b> Urine Kits: <a href="#">Click here to enter text.</a> Swab Kits: <a href="#">Click here to enter text.</a>
Urine Cups: <a href="#">Click here to enter text.</a>
Memorial Blood Centers Use Only
Date Received: <a href="#">Click here to enter text.</a> Date Shipped: <a href="#">Click here to enter text.</a>
FedEx Tracking #: <a href="#">Click here to enter text.</a>

Submit