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SUPPLY ORDER FORM

CLIENT INFORMATION

Do you have an account established with ExperTox? ___ Yes ___ No

Company Name: _____

Contact Person: _____ Phone No.: _____

Fax No.: _____ E-mail: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

SUPPLIES NEEDED (Indicate Quantity and/or Size Requested)

Chain of Custody Forms: DOT Chain of Custody Forms Quantity: _____ Non-DOT Chain of Custody Forms Quantity: _____	Drug Test Cups: DOT Urine Specimen Collection Kits Quantity: _____ Non-DOT Urine Specimen Collection Kits Quantity: _____
Shipping Bags: Airbills: Quantity: _____ Quantity: _____	Hair/Nail Test Kits: Hair/Nail Specimen Collection Kits Quantity: _____
Other Urine Containers: Heavy Metals/Poisons/Toxins Quantity: _____ Volatiles Quantity: _____	Lab Requisitions: <div style="text-align: right;">Quantity: _____</div>

**E-mail to receptionist@expertox.com or
 Complete and Fax To ExperTox 281-930-8856**