

Health Management Systems, Corp.

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(888) 300-4672 / (972) 578-2390 Fax: (800) 944-6860

Order Form for BIOSAFE Blood Collection Kits

<u>QTY.</u>	<u>Product #</u>	<u>Unit</u>	<u>Description</u>	<u>Box Price</u>	<u>Total Cost per Completed Test</u>
_____	1700	Box of 5 collection kits	Thyroid Test	\$135.00	\$27.00
_____	1722	Box of 5 collection kits	Prostate Screen	\$125.00	\$25.00
_____	1724	Box of 5 collection kits	Hemoglobin A1c	\$80.00	\$16.00
_____	1726	Box of 5 collection kits	Cholesterol Panel	\$105.00	\$21.00
_____	1728	Box of 5 collection kits	Starter Pack*	\$110.00	See Above

* The Starter Pack includes (2) Cholesterol Panels (1) Thyroid Test (1) Prostate Screen (1) Hemoglobin A1c

For the first time, BIOSAFE's complete line of laboratory blood tests are available for resale to consumers for home use. This is a turn-key program using special finger-nick blood collection kits that allow for in-office/health screening sample collection or patient/participant self-collection. Samples are sent pre-paid to our laboratory for processing with results immediately faxed back to you the physician, or an easy to read lab report is mailed to the consumer. This is a practice enhancing program that offers comfort and convenience to your patients and increased income to your practice, or a great way for the public health testing companies to send additional tests home with screening participants for loved ones who could not attend. *(note: professional kits should be used for on-site collection during screenings)*

After Completion of this form please Fax to (800) 944-6860 or Call (888) 300-4672 for more information.

Practice Name: _____

Contact: _____

Ship To Address: _____

Suite #: _____

City, St, & Zip: _____

Phone: _____

Fax: _____

Email: _____

Results Sent To: Physician / Patient (Circle One)

Physician's Name: _____

License or UPIN #: _____ (necessary to order tests and receive faxed test results.)

Special Instructions: _____

Credit Card Information - If paying by credit card please fill out the section below

Card #: _____ Exp. ____ / ____

Name on Card: _____

Signature: _____

Ship Via: (Circle)

Standard Overnight / 2nd Day / 3 Day / Ground

Date Needed: ____ / ____ / ____

Update 06-01-06