



## Purchase Order

### 2019-nCoV IgG/IgM Rapid Test Cassette

Order Information			
Order Date:			
Customer/Organization Name:			
Check here if you've already registered and the information we have on file is current: <input type="checkbox"/> If check, skip to Shipping Information.			
TMA Member Number:			
Shipping Address:			
City, State, Zip			
Office Phone		Fax:	
Point of Contact Name:			
POC Email:			
POC Phone/Direct Number:			

Provider Information			
Name/Credentials	NPI#	License#	CLIA Certification

Shipping Information		
Deliver to: <input type="checkbox"/> Check if same as above	Preferred Day to Receive	Preferred Time
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Notes to help your order arrive safely:		

Order Details	
Sold in Sets of 20 with a minimum of 100 kits. Submit orders to <a href="mailto:info@1111covidproject.com">info@1111covidproject.com</a> or Fax to 989.793.5075 <b>\$15/test</b> for Members and <b>\$25/test</b> for non-members. We will verify your TMA Member number prior to final invoice.	
Quantity Needed:	