



Product/Shipment Information

This information is needed to complete your order. Please complete and fax to 901.252.3446 or send via email to kellyb@lifeblood.org.

Name/Title of Recipient _____

Email Address _____

Telephone Number _____

Address for delivery _____

Please give a detailed description of the product you would like to receive.

Preferred Courier Service w/ account number _____

Preferred Time of Delivery _____

Shipment to be (check one)

- | | |
|---|---|
| <input type="checkbox"/> Ambient/Room Temperature | <input type="checkbox"/> Refrigerated/On Ice |
| <input type="checkbox"/> Frozen/Dry Ice | <input type="checkbox"/> Refrigerated/Gel Packs |

Local Deliveries Only

- | |
|---|
| <input type="checkbox"/> LBS packaging |
| <input type="checkbox"/> Your own packaging |

Purchase Order Number _____

Fax number for IDT results _____

Note to LBS Shipping Staff _____
