

ALLOS REFERENCE LAB SPLIT SAMPLE TESTING ORDER FORM

For: _____

Address: _____

Contact Name: _____

Phone #: () _____

FAX #: () _____

Event	Panel Name
1st	1.
1st	2.
2nd	3.
2nd	4.
3rd	5.
3rd	6.

Annual Fee of \$420 Enclosed As:

Check Payable to “Allos Reference Laboratory”

Credit Card: VISA Master Card

Card Number: _____

Name on Card: _____

Expiration Date: _____

Authorized Signature: _____

Billing Address Of Card: _____

CVC2# (Found on Back of Card): _____

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