

# PERINATAL SUPPLIES REQUEST FORM (BC)



Please indicate the number of pads / boxes required:

**PERINATAL SCREEN REQUEST PADS** (50/pad) \_\_\_\_\_ pads

**BLOOD COLLECTION TUBES - EDTA** (100/box) \_\_\_\_\_ boxes

## Supplies to be sent to: *(please print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_

FAX: \_\_\_\_\_  
*(Please include Area Code)*

Postal Code: \_\_\_\_\_

➡ **FAX** request form to: **604-874-6582**

or **mail** to:

Canadian Blood Services  
BC and Yukon Centre  
Diagnostic Services Laboratory  
4750 Oak Street  
Vancouver, BC, V6H 2N9

***Canadian Blood Services use only***

**Order complete:** Date: \_\_\_\_\_ Initials: \_\_\_\_\_