



ORDER FORM

QSP Form 72-01-01, Rev. C

Purchase Order for internal use only

Order Number ►

Issue Date ►

FAX Order to: (604) 244-8399
Tel.: (604) 204-6784

Purchase Order #: _____

Physician #: _____

Order Date: _____

Name: _____

Company/Organization: _____

Street: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____

Special Label Requirements: _____

Special Shipping Requirements: _____

Product Description

- (A) Individual Kit (90-1008)
One INSTI™ HIV-1 Antibody
test with support materials*
(minimum order of 24)

- (B) Field Pack (90-1007)
24 INSTI™ HIV-1 Antibody Tests with
support materials*

- (C) Lab Case (90-1009)
24 INSTI™ HIV-1 Antibody Tests without
support materials* (laboratory use only)

*Support Materials consist of 1 lancet,
1 pipette and 1 alcohol swab for each test
All kits for POC use only

bioLytical Laboratories
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Richmond, BC V6V 2X7