

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: _____

City/Town: _____

Postal Code: _____

Contact
person: _____

Phone: _____

FAX: _____
(Please include Area 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: _____