

U.S. Pretrial Services Supply Order Form

Date: _____

Name of Vendor: _____

Address: _____

Requester's Name: _____

Requester's Phone Number: _____

SAN DIEGO TESTING SUPPLIES			PHARMCHEM SWEAT PATCH TESTING SUPPLIES	
Item	Units Per Kit	Qty.	Item	Qty.
Chain of Custody Forms	100		Sweat Patch Kit (10 Patches)	
Specimen Cups, Flip Top 45ml	50		Sweat Patch Kit (50 Patches)	
Collection Cups, Beaker 8oz	25		Sweat Patches	
Specimen Bags	50		Chain of Custody Forms	
Shipping Labels	20		Tweezers	
			Large Bags	
			Small Specimen Bags	
			Alcohol Wipes	

***Please fax or e-mail this form to -
Diane Sheets at (213) 894-0027 or diane_sheets@cacpt.uscourts.gov***

***** Once the supplies are received, please fax or e-mail the signed and dated packing slip to Ms. Sheets. Thank you.***