



### Order Ruma liquid marker

#### Customer

\_\_\_\_\_

Medical office

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

E-mail

\_\_\_\_\_

Telephone/Fax

\_\_\_\_\_

LDS abbreviation

**Please send via fax to: +49 (0) 221 / 3990 11 20**

**Oder via e-mail to: info@marker-test.de**

Order form

\_\_\_\_\_

Date

ARTICLE	NUMBER								DONE
	10	25	50	100	250	500	1000	Other	
Liquid marker	10	25	50	100	250	500	1000		
Urine tubes	10	25	50	100	250	500	1000		
Urine cups	10	25	50	100	250	500	1000		
Transport tubes	10	25	50	100	250	500	1000		
Lab slips (private, Nr. 0084004307)	10	25	50	100	250	500	1000		
Lab slips (insurance, Nr. 0084002307)	10	25	50	100	250	500	1000		
Barcode sticker	10	25	50	100	250	500	1000		
Mailing bag	10	25	50	100	250	500	1000		
Instruction liquid marker	10	25	50	100	250	500	1000		
Order forms	10	25	50	100	250	500	1000		

\_\_\_\_\_

Date

Stamp

\_\_\_\_\_

Signature