

Product Order



Date _____
Name _____ Clinic/Lab _____
Address _____
Phone _____ Fax _____ Email _____

Product	Type	Desc	Quantity
Canine Coronavirus (CCoV)	IFA	12-Well Slides	_____
Canine Dirofilaria Immitis (Heartworm) (CDI/CHW)	IFA	12-Well Slides	_____
Canine Distemper (CDV)	IFA	12-Well Slides	_____
Canine Parvovirus (CPV)	IFA	12-Well Slides	_____
Feline Calicivirus (FCV)	IFA	12-Well Slides	_____
Feline Coronavirus (FCoV)/Feline Peritonitis (FIP)	IFA	12-Well Slides	_____
Feline Dirofilaria Immitis (Heartworm) (FDI/FHW)	IFA	12-Well Slides	_____
Feline Herpes (FHV-1)	IFA	12-Well Slides	_____
Feline Immunodeficiency Virus (FIV)	IFA	12-Well Slides	_____
Feline Immunodeficiency Virus (FIV)	ELISA	Antibody	_____
Feline Leukemia Virus (FELV)	ELISA	Antigen	_____
Feline Panleukopenia Virus (FPV)	IFA	12-Well Slides	_____

Shipping

Once the order is filled, FedEx shipping costs will be added to the order total. If you would like to have shipping fees charged directly to your FedEx account, please provide your account number.

Add shipping costs to the total.

Charge FedEx account number: _____

Taxes

For California companies, applicable state and county taxes will be added to your order.

Confirmation

An email will be sent to you once the order has been processed, and will confirm the total amount and tracking information for your order.

Payment

Bill my account P.O. Number _____

Pay with Credit Card

Visa MasterCard

Name on Card: _____ Card Number: _____ Expiration (mm/yy): _____ CVV: _____

Keep this information on file for future payments

SAVE

Once you've completed your order, save this document for your records.
Email this PDF to info@HansenDx.com or print and fax the order to **(530) 283-9364**.