

Mailed TLD Service Order Form: Blood Irradiator Checks

Please complete order form and return by email (RDS@mdanderson.org) or fax (713-794-1371). In order to process your order, we **MUST** have the payment information section (pages 2 & 3) completed. If you have any questions, please contact our office at (713-745-8999).

Customer Information:

Customer # (leave blank if new customer): _____ Date of Order(mm/dd/yyyy): _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Primary Contact: (First) _____ (MI) _____ (Last/Surname) _____ Degree: _____

Chief/Only Physicist Other Physicist Dosimetrist/(CMD) Other: _____

Email #1: _____ Email #2: _____

Phone #1: _____ Ext: _____ office cell Phone #2: _____ Ext: _____ office cell

Fax #: _____

Other contact name: _____ Title: _____ Phone #: _____

Email #1: _____ Email #2: _____

Chief/Only Physicist Other Physicist Dosimetrist/(CMD) Other: _____

Blood Irradiator Check:

Blood Service	Specify Quantity	UnitPrice	Frequency	Note
6 packets		\$220		
12 packets		\$435		
15 packets		\$545		
16 packets		\$580		
20 packets		\$725		

Shipping Information:

Same as institution address above or indicate a different address below

Name: (First) _____ (MI) _____ (Last/Surname) _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____

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Shipping continued:

Select shipping method below. Please note that shipments by regular mail within the U.S. have no added shipping fees. International shipping and expedited shipping within the US will incur added fees.

Check to send order by express shipping (options below):

Domestic: \$30 for overnight shipping, or \$20 for 2-day shipping.

International: Rates will vary; please contact our office for international shipping fees.

Regular Mail (no additional fees; included in price)

Payment Options:

- Bill me. No Purchase Order (PO) required. Payment to be included with invoice.
- Purchase Order required: PO#: _____ Expiration Date: _____
- Is PO# required on shipping documentation? Yes No
- Check (cheque)/Money Order. Click for information: [Payment Information](#)
- Wire Transfer. Click for information: [Payment Information](#)
- Credit Card: A Credit Card Payment Form will be sent with invoice after services have been rendered.

Billing Information:

Name: (First) _____ (MI) _____ (Last/Surname) _____

Title: _____

Email #1: _____ Email #2: _____

Billing Address:

Same as institution address on page 1 or indicate a different address below

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____

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Invoice Options (we can either mail or email your invoice):

Mail (Check an address below)

Institution Address

Billing Address

Email (Enter email addresses below)

Account Payable: _____

Physicist: _____

Other: _____

Other Comments: