



Genetics of Kidneys in Diabetes Study

October 22, 2001

Form 205.3GK

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CBL Supply Reorder Form

Clinic Number: _____

Clinic Name: _____

Study Coordinator: _____

Date Ordered: ____/____/____

Date Sent: ____/____/____

Dear Study Coordinator:

Please use this form to reorder supplies from the CBL. FAX it to the attention of GoKinD CBL at 612-273-3489. You should allow 1-2 weeks for us to process and ship your request, so please plan ahead!

ITEM

QUANTITY

Albustix (100 strips/box)

Aliquot Tubes

1.8 mL for serum and plasma (50/bag)

4.5 mL for urine (50/bag)

Collection Tubes

CPT, black/blue top, 8.5 mL (100/pak)

EDTA, lavender top, 10 mL (100/pak)

SST, red/gray top, 9.5 mL (100/pak)

Color Cap Inserts

Lavender (500/pak)

Red (500/pak)

White (500/pak)

Yellow (500/pak)

FedEx airbills, preprinted with GoKinD CBL Address (10)

Freezer Bags

3" x 5" (50/pak)

8" x 10" (50/pak)

Gel Packs (10)

Transfer Pipettes (500/box)

Transport Boxes

Large 5-tube mailer/sleeve (10)

Small 3-tube mailer/sleeve (10)

Styrofoam shipping box (10)

Urine Collection Kits
