

**Mailed TLD Service Order Form: Blood Irradiator Checks**

Please complete order form and return by email ([RDS@mdanderson.org](mailto: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		\$240		
12 packets		\$480		
15 packets		\$600		
16 packets		\$640		
20 packets		\$800		

**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:**