



pharmedix

COVID-19 TEST KITS

Pharmedix Order Form

This is to acknowledge that _____ has committed to purchase from Pharmedix: (University, College, clinic etc.)

PC04000 – Access-Bio ‘CareStart’ COVID-19 Antigen Test kit. Box of 20 tests

\$459.99* 1-99 Boxes

\$439.94* 100-499 Boxes

\$399.94* 500+ Boxes

QTY ORDERED _____

PC04001 – Premier Bio ‘FaStep’ COVID-19 Antibody Test Kit. Box of 20 tests - \$299.94*

QTY ORDERED _____

These tests are a non-returnable, non-refundable, and may not be cancelled. Items will be billed at 100% of the purchase price, fifty percent (50%) due before order can be shipped. Balance will be due after delivery. Credit card payment is required unless other arrangements are made with Pharmedix. Please contact Deanna Reed at 1-800-486-1811 x17 to discuss payment options.

*Standard Pharmedix shipping rates apply.

P.O. (If required) _____

Check or Credit card (circle one)

Required Delivery Date: _____

Signature _____

Print Name _____

Title _____

Date _____