

Mailed TLD Service Order Form: Blood Irradiator Checks

Please complete the order form and return it by email (RDS@mdanderson.org). In order to process your order, we must have the payment information section (page 2) 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

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

Email #1: _____ Email #2: _____

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

Blood Irradiator Check:

Blood Service	Specify Quantity	Unit Price	Frequency	Note
6 packets		\$270		
12 packets		\$540		
15 packets		\$675		
16 packets		\$720		
20 packets		\$900		

*Different packet quantities are available by request and cost \$45 per packet

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: _____ Email: _____

Shipping continued:

Select shipping method below. Please note that shipments by regular mail within the U.S. have no added shipping fees. There are added fees for international shipping and expedited shipping within the U.S.

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 net 30, upon receipt of invoice.
- ☐ Purchase Order required: PO#: _____ Expiration Date: _____
- Is PO# required on shipping documentation? ☐ Yes ☐ No If Yes, please email a copy of the PO (rds@mdanderson.org)
- ☐ Check (cheque)/Money Order. Click for information: [Payment Information](#)
- ☐ Wire Transfer. Click for information: [Payment Information](#)
- ☐ Credit Card: Please call our office (713-745-8999) to pay by credit card.

Billing Information:

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

Title: _____

Email #1: _____ Email #2: _____

Billing Address:

☐ Same as institution address on page 1 Different Address for Billing, enter below

Address: _____

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

Phone #: _____ Ext: _____

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

Email (Enter email addresses below)

Account Payable: _____

Physicist: _____

Other: _____

Other Comments: