



Infolab Automated Analyzer Acquisition Program

STEP 1: Enter Your Information

Facility Name: _____

Your Name/Title: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

STEP 2: Enter your monthly estimated test volume for the tests indicated (including tests that are out-sourced).

BLOOD BANK

HEMATOLOGY

URINALYSIS

_____ **CBC's**

_____ **Urine Profiles**

CHEMISTRY

IMMUNOASSAY

I'm also interested in

_____ **Basic Metabolic Panels**

_____ **HbA1C**

_____ **Lipid Panels**

_____ **TSH**

_____ **PSA**

_____ **Other Throids**

_____ **Centrifuges**

_____ **Microscopes**

_____ **Lab Refrigeration**

_____ **Sterilization**

_____ **Lab Seating**

_____ **Cabinetry**

_____ **Diagnostic Equipment**

_____ **Exam Room Furniture**

_____ **Other: _____**

COAGULATION

MICROBIOLOGY

_____ **PT**

_____ **PTT**

_____ **Wet Preps**

STEP 3: Fax or email this information to you nearest Infolab distribution center.

Once we receive your completed form we will analyze your information and contact you within 48 hours. **Thank you for allowing Infolab the opportunity to assist you.**