

# Test Kit Order Form

Fax your order to 503-466-1636

This form is provided for ordering ZRT test kits by mail or fax.

Orders may also be placed by calling 866.600.1636, emailing [info@zrtlab.com](mailto:info@zrtlab.com) or online at [www.myzrtlab.com](http://www.myzrtlab.com).

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

| TEST KITS  | QTY |
|--|-----|
| Saliva Test Kit                                  |     |
| Blood Spot Test Kit                              |     |
| Urine Test Kit                                   |     |
| Saliva + Blood Multi-Test Kit                    |     |
| Blood + Urine Multi-Test Kit                     |     |
| Saliva + Urine Multi-Test Kit                    |     |
| Serum Test Kit                                   |     |
| EZ Medicare Test Kit – Blood Spot Collection Kit |     |

| SPECIALTY TEST KITS                     | QTY |
|---|-----|
| Adrenal Stress Profile - Saliva         |     |
| Cortisol Awakening Response - Saliva    |     |
| Fertility Profile - Saliva & Blood Spot |     |
| Menstrual Cycle Mapping - Dried Urine   |     |
| Neurotransmitter Profile - Dried Urine  |     |
| Sleep Balance Profile - Dried Urine     |     |
| Urine Hormone Metabolites - Dried Urine |     |
| Weight Management - Saliva & Blood Spot |     |

Providers must order Medicare Kits separately from standard kits to satisfy Medicare Regulations.

866.600.1636 | [info@zrtlab.com](mailto:info@zrtlab.com) | [zrtlab.com](http://zrtlab.com)



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