

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, or online at www.myzrtlab.com.

Name: _____ Contact: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Phone: _____ Email: _____

TEST KITS	QTY
Single-Tube Saliva Test Kit	
Saliva Test Kit	
Cortisol Awakening Response Test Kit	
Blood Spot Test Kit	
EZ Medicare Test Kit – Blood Spot Collection Kit	

TEST KITS	QTY
Saliva + Dried Urine Hormone Metabolites Test Kit	
Saliva + Dried Urine Neurotransmitter Test Kit	
Saliva + Blood Spot Test Kit	
Blood Spot + Dried Urine Test Kit	
Dried Urine Menstrual Cycle Mapping Test Kit	

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



866.600.1636 | info@zrtlab.com | zrtlab.com

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