

**ALLINA MEDICAL LABORATORIES  
Reference Lab**

**ORDER FORM FOR INFLUENZA SUPPLIES**

Clinic name: \_\_\_\_\_

Contact name/phone number: \_\_\_\_\_

\*\*\*\*Limit 10 of each item to be sent at one time\*\*\*\*

\_\_\_\_\_M4 Media-Blue top (Keep refrigerated)

\_\_\_\_\_Mini-Tip Viral Swab

When using this form please do not place an order online.

Please fax this request to AML-Reference Lab at 612-863-4067.