



COVID-19 Test Kit Order Form

Date: _____

Facility Name: _____

Facility NPI: _____

Shipping address for COVID-19 testing kits:

Street: _____

City: _____ State: _____ Zip: _____

Description	Packaging	Price Per Unit	Quantity
Polymerase Chain Reaction (PCR) Test* COVID-19 (SARS-CoV-2 RNA)	1 Test	\$100	Minimum order of 10 tests required
Rapid Antigen Test** COVID-19 (SARS-CoV-2 RNA)	1 Bundle (20 tests per bundle)	\$700 per bundle (equals \$35 per test)	

**You must ship at least 10 collected specimens together; you may be charged shipping costs if 9 or fewer specimens are sent back to the lab.*

***Rapid Antigen Tests are limited quantity and available on a first come, first serve basis.*

By completing this order, the contact name below confirms this is an order for the Kits described and agrees to the [Terms and Conditions](#) and [Tabula Rasa HealthCare's Client Business Associate Agreement](#).

Test kit orders cannot be cancelled or returned for a refund.

Name: _____

Title: _____

Email: _____

Phone: _____

Signature: _____

Questions? Please contact your Client Liaison with any questions.

888-9-PharmD (888-974-2763)

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