

# SSDI Order Form

Date:

## Ordered By:

Name:

Company:

Address:

City, State, Zip:

Country:

Phone:

Email:



Mail this form and sample(s) to: SSDI  
2601 Coolidge Rd, Suite 203  
East Lansing, MI 48823-6361  
USA

Phone: 517-337-8378  
Fax: 517-349-5538  
www.semen-detection.com

## Results To (if different):

Name:

Company:

Address:

City, State, Zip:

Country:

Phone:

Email:

***Mail each sample in an envelope or paper bag and write the the type of sample, date worn, and/or date obtained***

You may also save this form and email to: [info@semen-detection.com](mailto:info@semen-detection.com)

Legal Test       Peace of Mind

[\(download legal sampling handling instructions\)](#)

Item	Description	Quantity	Unit Price	Amount
SRSD-101	First item, Semen/Sperm/Saliva/(blood if male underwear)		199.00	
SRSD-102	Each additional Item (SRSD-101 must have quantity 1)		150.00	
SRSD-105	Guaranteed Same Day Service (received by 12:00 pm CST)		76.00	
SRSD-107	Add non-destructive testing (per sample, not recommended)		50.00	
SRSD-AR	Article returned - this feature recommended after customer is notified with results (cost may be weight dependent)		15.00	
			<b>Sub-total</b>	
			<b>No sales tax</b>	
			<b>Total</b>	

## Payment

- Money order or cashiers check payable to SSDI
- Credit Card (If outside the USA, an international money order is required)
- American Express
  - Visa/Mastercard
  - Discover

Call # for card info:

Cardholder Name:

Item	Description	Date Worn	Date Obtained
A			
B			
C			
D			

**Do not send credit card information over this form**

Place information on separate sheet if more than 4 items are sent

----- LAB USE ONLY -----