



Tel: (858) 571-2726  
Fax: (858) 571-2759  
Toll Free: (855) 855-1212  
Email: orders@nielsenbio.com

## SPHERUSOL<sup>®</sup>

1mL multi-dose vial (0.1mL/dose)  
*Coccidioides Immitis* Spherule-Derived Skin Test Antigen  
NDC# 59584-140-01  
CPT Code 86490 Skin test, coccidioidomycosis

### Customer Information:

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

Company Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

DEA #: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Physician's License #: \_\_\_\_\_

**Numbers of vials ordered: \_\_\_\_\_ \$675.00/vial (\$67.50/test) + shipping**

### Purchase Order Information:

PO Number: \_\_\_\_\_

### Customer Credit Card Information:

Card Holder's Name: \_\_\_\_\_  
(Please print full name)

Card Holder's Phone #: \_\_\_\_\_

Signature (Req. if using credit card): \_\_\_\_\_

Card # (Enter all digits): \_\_\_\_\_  VISA  MasterCard  American Express

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security # (on back of card; 3 digits for Visa/MasterCard; 4 digits for Amer. Express) \_\_\_\_\_

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See [www.nielsenbio.com](http://www.nielsenbio.com) for Full Prescribing Information