



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

SPHERUSOL®

1mL multi-dose vial (0.1mL/dose)
Coccidioides Immitis Sperule-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 _____ \$787.00/vial (\$78.70/test) + shipping

Purchase Order:

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) _____

Fax this form to: (858) 571-2759
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See www.nielsenbio.com for Full Prescribing Information