



**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 Immitas* 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 #: \_\_\_\_\_

Number of vials ordered \_\_\_\_\_ \$1252.00/vial + 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**  
**or email to: [orders@nielsenbio.com](mailto:orders@nielsenbio.com)**

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