



## APIC PRP PROCESSING KIT ORDER FORM

### Customer Information

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution / Clinic Name: \_\_\_\_\_ Ship To Attn: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Kit Quantity Requested

Catalog Number	Description	Quantity	Quantity Requested	Contracted Price Per Kit
APIC01-1	APIC PRP Kit	1 APIC PRP Kit		
APIC02-1	APIC PRP Centrifuge	1 Centrifuge		
APIC03-1	APIC PRP Pump	1 Pump		
APIC012	APIC Cart	1 each		

### Terms and Conditions

All orders are shipped Monday through Friday, excluding holidays. Cytonics Corporation is not bound by any other terms or conditions, unless an authorized officer of Cytonics Corporation has agreed them to in writing.

**Please return this form by email to [Info@Cytonics.com](mailto:Info@Cytonics.com) or fax to 561-257-0782.**

#### Cytonics Corporation

555 Heritage Drive, Jupiter, FL 33458

P: 561-575-4451 F: 561-257-0782 E: [Info@Cytonics.com](mailto:Info@Cytonics.com)

For more information visit: [www.Cytonics.com](http://www.Cytonics.com)

#### FOR USE BY CYTONICS PERSONNEL ONLY

Shipping Date: \_\_\_\_\_ Tracking #: \_\_\_\_\_ Invoice Sent: \_\_\_\_\_