

CUSTOM BLOODCARD ARTWORK FORM

ATTN: _____ DATE: _____

FROM: _____

CUSTOMER #: _____

QUOTE #: _____ ARTWORK #: _____

APPROVAL SIGNATURE: _____

DATE: _____

COMMENTS: _____

① THIS IS WHERE YOU CAN CUSTOMIZE THE BLOOD CARD WITH YOUR FACILITY INFO (WITHIN THE DOTTED BOX)
FACILITY LOGO ARTWORK NEEDS TO BE CLEAN, BLACK LINE ART

FACILITY INFO PLACEMENT: TOP BOTTOM CENTER BEST FIT

② YOU CAN CUSTOMIZE THE TOP PORTION OF THIS LABEL (DEFAULT "SPECIMEN TUBE")
(RECOMMENDED 14 CHARACTERS; BLACK INK ONLY)

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③ YOU CAN CUSTOMIZE THE TOP PORTION OF THESE 16 LABELS (DEFAULT "NAME")
(RECOMMENDED 14 CHARACTERS; BLACK INK ONLY)

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④ YOU CAN CUSTOMIZE THE TOP PORTION OF THIS LABEL (DEFAULT "NAME/DOB")
(RECOMMENDED 14 CHARACTERS; BLACK INK ONLY)

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⑤ YOU CAN CUSTOMIZE THE ALPHA/NUMERIC TEXT (DEFAULT SJC ALPHA/NUMERIC TEXT)
(RECOMMENDED 12 CHARACTERS; RED OR BLACK INK)

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RED INK BLACK INK

FONT STYLE: _____ FONT SIZE: _____
(THE FONT STYLE AND SIZE WILL APPLY TO THE ENTIRE SHEET)

** Standard Text size is 12pt. font; Arial Bold **



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** Standard lead time for Custom products is 3-4 weeks from date signed proof is returned. Your order cannot be processed without approved artwork **