

Today's Date: _____

Facility ID: _____

Office/Practice Name: _____

Phone number: _____

Contact: _____

Address: _____

City: _____

Please indicate **number** of packages, cases or units needed. For all other items simply mark 'x' in the corresponding box, and we will supply accordingly to the volume handled by your lab.

ITEM	QUANTITY
20ML, 10% Buffered Formalin, 24 units/pkg, 96 units/case (<i>Size mostly used for Dermatology specimens</i>)	Pkg(s) ____ or 1 Case(s) ____
40ML, 10% Buffered Formalin, 24 units/pkg, 96 units/case (<i>Size mostly used by OB/Gyn</i>)	Pkg(s) ____ or 1 Case(s) ____
60ML, 10% Buffered Formalin, 24 units/pkg, 96 units/case	Pkg(s) ____ or 1 Case(s) ____
90ML, 10% Buffered Formalin, 24 per pkg, 96 per case	Pkg(s) ____ or 1 Case(s) ____
120ML, 10% Buffered Formalin, 4oz, 24 per pkg, 96 per case	Pkg(s) ____ or 1 Case(s) ____
240ML, 10% Buffered Formalin, 8oz, 50 per case	Pkg(s) ____ or 1 Case(s) ____
360ML, 10% Buffered Formalin, 12oz, 24 per case	Pkg(s) ____ or 1 Case(s) ____
480ML, 10% Buffered Formalin, 16oz, 24 per case	Pkg(s) ____ or 1 Case(s) ____
1000ML, 10% Buffered Formalin, 32oz, 4 per case	Pkg(s) ____ or 1 Case(s) ____
3840ML, 10% Formalin, 128oz, 4 per case (<i>Placenta or Breast Reduction</i>)	Case(s) ____
30ML, Zinc Formalin, 25/pack or 75 per case Protocol	Pack(s) ____ or Case(s) ____
Prostate Biopsy Kits:	
	8 vial Unit(s) ____
	12 vial Unit(s) ____
Carson's Millonig 40ML	Unit(s) ____
Bouin's Fixative, 40ML	Unit(s) ____
Hollandes Fixative Solution 20ML	Unit(s) ____
Michel's Fixative Solution 40ML	Unit(s) ____
95% Isopropyl (Bronchial) *Note: Preservcyt Solution may be used for most procedures	Unit(s) ____
Empty Containers - 100 per case - Sizes available:	
	Sterile 4oz Case(s) ____
	Non-sterile 8oz Case(s) ____
	Non-sterile 16oz Case(s) ____
	Non-sterile 32oz Case(s) ____
64oz Empty Containers - Case of 50 Non-sterile	Case(s) ____
Empty Containers - 25 per case - Sizes available:	
	Non-sterile 86oz Case(s) ____
	Non-sterile 128oz Case(s) ____
172oz Empty Containers - 10 per case (<i>Placenta & Breast Reduction</i>)	Case(s) ____
8 x 10 Biohazard Specimen Bags - 100/pkg or 1,000/case	Pkg(s) ____ or 1 Case(s) ____
Large plastic Biohazard Transport Bags - 500/case or indicate individual # of units desired	Units ____ or 1 Case(s) ____
Thin Prep Pap Test - 25/pack or 250/case: Please circle chosen collection device	Pack(s) ____ or Case(s) ____
	Brushes & Spatulas 25/Pack(s) _____
	Cervical Papette Brooms 25/Pack(s) _____
Gen-Probe swab/vials	Box(es) ____
*Preservcyt Solution 2oz Vial - 50 units/case or 25 units/flat (<i>Bronchial and/or urine procedures</i>)	1 Case ____ or Flat(s) ____
No-Touch Pap Smear Slide Paks - 25 units/box - Please indicate quantity	
	1 Slide Box(es) ____
	2 Slides Box(es) ____
ABN Forms (<i>Advanced Beneficiary Notice</i>)	ABN ____
Pap Link Cards	Unit(s) ____
Directory of Services	Unit(s) ____
Client Supply Order Forms	Unit(s) ____
Requisition Form (<i>Prior to submitting this request, please notify our office of any changes to your form such as: address, ph. numbers, staff members, etc.</i>)	
	Standard / Histology / Cytology Unit(s) ____
Dermatopathology	Unit(s) ____