

Date Filled: _____

Initials: _____

Laboratory Supply Order Form

Office Name: _____ Date: _____

Address: _____ Supplies Needed By: _____

Requested By: _____ Phone: () - _____

SPECIMEN COLLECTION	UNITS/PKG	QUANTITY
Specimen Container (7mL) – 10% Zinc Formalin	Each	
Specimen Container - 10% Zinc Formalin <input type="checkbox"/> 20mL <input type="checkbox"/> 40mL <input type="checkbox"/> 60mL	32/Box	
Specimen Container - 10% Zinc Formalin <input type="checkbox"/> 90mL <input type="checkbox"/> 120mL	24/Box	
Prostate Biopsy Kit <input type="checkbox"/> 6 vial <input type="checkbox"/> 12 vial	Each	
Empty Specimen Container <input type="checkbox"/> 16 oz <input type="checkbox"/> 32 oz <input type="checkbox"/> 92 oz <input type="checkbox"/> 165 oz	Each	
Formalin (Gallon)	Each	
4-Slide Vial / 95% Ethanol	Each	
Empty 5-Slide Mailer	Each	
Microscope Slides	Box	
Michel's Fixative	Each	
Specimen Labels (18 labels per sheet)	Sheet	
Small vial Specimen Labels (30 labels per sheet)	Sheet	

FORMS & TRANSPORT BAGS	UNITS/PKG	QUANTITY
Requisitions <input type="checkbox"/> Surgical Pathology <input type="checkbox"/> Non-Gyn Cytology <input type="checkbox"/> Gyn Cytology	50/Pkg	
Personalized Custom Supply Order Forms	Each	
Biohazard Transport Bags – Small	100/Pkg	
Biohazard Transport Bags – Large	Each	

CYTOLOGY SUPPLIES	UNITS/PKG	QUANTITY
ThinPrep Bottles	25/Pkg	
ThinPrep Brushes / Spatulas	25/Pkg	
ThinPrep Cervical Papette Brooms	25/Pkg	
Vaginitis Panel Test Kit (10 per box)	1 Box	
Anal/Rectal/GC/CT Swab	Each	
Thyroid FNA Analysis (Afirma® – Veracyte)	Each	
Urine Collection Bottle – 30mL Saccomanno	Each	
Anal Pap Test (PreserveCyte Vial and Dacron Swab)	Each	
OTHER:		

Fax completed form to 541.770.4511 or send with Courier.