

Date: _____	Account Number: L- _____
Practice Name: _____	Contact Name: _____
Address: _____	Phone Number: _____

Supply Order Form

Specify quantities for all requested supplies below.

Specimen Bags

Other Supplies: _____

Standard: _____ Large: _____

10% Neutral-Buffered Formalin

20 mL: _____ 40 mL: _____ 60 mL: _____ 120 mL: _____

Preprinted Requisitions

Anatomic Pathology: _____	Gynecology Pathology/Cytology: _____	Cytogenetics:
Clinical/Molecular Pathology: _____	Hematopathology: _____	• aCGH Microarray: _____
Clinical Toxicology: _____	Oral & Maxillofacial Pathology: _____	• FFPE FISH Analysis: _____
Consultation: _____	Podiatric Pathology: _____	• Oncology: _____
Dermatopathology: _____	Urologic Pathology: _____	• Prenatal: _____
Endocrinology/Quantitative Pathology: _____		• Standard/Conventional: _____

Chlamydia Trachomatis/Neisseria Gonorrhoeae (CT/NG) Supplies

COBAS[®] Urine Kit: _____ COBAS[®] Female Swab Kit: _____

Shipping Materials

Specimen Box (empty): _____ (Choose one.) → With Foam Without Foam

FedEx Shipping Airbills: _____ FedEx Shipping Clinical Pak: _____

Specimen Collection Kits/Other Supplies

Bone Marrow: _____ Oral: _____ Renal: _____ Nerve: _____

Dermatology: _____ Podiatry: _____ Muscle: _____

Fine-needle aspiration (FNA): _____ Prostate (12 biopsies): _____ ThinPrep[®]: _____

Sterile Cup: _____ Sterile Cup with Tablet: _____

UroVysion[®]: _____ 15 mL Conical Tubes: _____ Cold-Paks: _____

Urine Culture and Sensitivity Transfer Kit: _____