

Upon completion please fax this form to 616.530.0575

Today's Date: _____

Office Name: _____

Address: _____

Contact Name: _____ Phone: _____

Histology		Molecular	
_____	96/case Biopsy jars, prefilled formalin - 40ml	_____	10/box BD Urine Preservative Transport Kit (BX)
_____	24/box Biopsy jars, prefilled formalin - 40ml	_____	100/case BD Urine Preservative Transport Kit (CS)
_____	96/case Biopsy jars, prefilled formalin - 60ml	_____	Each Sterile Urine Cup (120ml), Empty
_____	24/box Biopsy jars, prefilled formalin - 60ml	_____	Each Endocervical / Lesion Swab (PINK)
_____	Each Biopsy buckets, small - 1 qt.	_____	Each Male Urethral Swab (BLUE)
_____	Each Biopsy buckets, medium - 1/2 gal.	_____	10/box BD Affirm™ VP88 transport kits
_____	Each Biopsy buckets, large - 1 gal.	_____	Each Buccal Swab for CF testing
_____	Each Specimen jar, empty - 40ml	Forms & Transport Bags	
_____	Each Prostate biopsy kit - 12 part	_____	75/pkg Requisition forms
_____	Each Michel's media(vial for immunofluorescence)	_____	50/Pad Medicare ABN forms
_____	Each Formalin, bulk	_____	Each Supply order forms
_____	30/sheet Biopsy container labels	_____	100/pkg Bio-hazard transport bags, 6"x9"
_____	Each Soft-ECC®	_____	Each Multi-specimen bags, 12"x15" (CLEAR)
_____	Each Soft-Biopsy®		

Cytology	
_____	25/pkg ThinPrep™ kits - w/brush & scraper
_____	25/pkg ThinPrep™ kits - w/Cervex™ broom
_____	Each CytoLyt™ - 120ml fixative jars
_____	Each UroVysion™ FISH kits
_____	Each FNA kits
_____	Each Slide mailers, plastic 2-slide
_____	72/box Microscope slides
_____	ARC (Anal-rectal Cytology) kits

Notes Comments, Special Requests		
_____	_____	_____
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Date filled:	Filled by:
Delivered on:	Delivered by:
Via route: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Local <input type="checkbox"/> Holl <input type="checkbox"/> Late <input type="checkbox"/> MI. <input type="checkbox"/> FedEx <input type="checkbox"/> UPS	Sales: