

Upon completion please fax this form to 616.530.0575

Today's Date: _____

Office Name: _____

Address: _____

Contact Name: _____ Phone: _____

Histology	
_____	96/case Biopsy jars, prefilled formalin - 40ml (CASE)
_____	24/box Biopsy jars, prefilled formalin - 40ml (BOX)
_____	96/case Biopsy jars, prefilled formalin - 60ml (CASE)
_____	24/box Biopsy jars, prefilled formalin - 60ml (BOX)
_____	Each Biopsy buckets, small - 1 qt.
_____	Each Biopsy buckets, medium - 1/2 gal.
_____	Each Biopsy buckets, large - 1 gal.
_____	Each Specimen jar, empty, 40ml
_____	Each Prostate biopsy kit - 12 part
_____	Each Michel's media(vial for immunofluorescence)
_____	Each Formalin, bulk
_____	30/sheet Biopsy container labels
_____	Each Soft-ECC® \$3.75
_____	Each Soft-Biopsy® \$3.75

 *Due to CMS ruling, these devices must be paid for by the receiving location
 The receiving location will receive a monthly invoice

Cytology	
_____	25/pkg ThinPrep™ kits - w/brush & scraper
_____	25/pkg ThinPrep™ kits - w/Cervex™ broom
_____	250/Case ThinPrep™ kits - w/brush & scraper
_____	250/Case 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
_____	Each ARC (Anal-rectal Cytology) kits

Molecular	
_____	Each Sterile Urine Cup (120ml), Empty
_____	10/Box BD Affirm™ VPIII transport kits
_____	Each Buccal Swab for CF testing
_____	Each APTIMA® Vaginal Swab STT (ORANGE)
_____	Each APTIMA® Urine STT (YELLOW)
_____	Each Group B Strep Tubes for Prenatal Testing
_____	Each Culture Tube (Blue Top)
_____	Each Color Genomics BRCA 1 & 2 Kit

Forms & Transport Bags	
_____	75/pkg Requisition forms
_____	Each Medicare ABN forms
_____	Each Supply order forms
_____	100/pkg Bio-hazard transport bags, 6"x9"
_____	Each Multi-specimen bags, 12"x15", clear
_____	50/Pad Patient Billing Notice Pads

Notes Comments, Special Requests	
_____	_____
_____	_____
_____	_____
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_____	_____

Date filled:	Filled by:
Delivered on:	Delivered by:
Via route: <input type="checkbox"/> B <input type="checkbox"/> Local <input type="checkbox"/> Holl <input type="checkbox"/> MI. <input type="checkbox"/> FedEx <input type="checkbox"/> UPS	Sales: