



CLINIC SUPPLY REQUEST FORM
FAX TO (501)-202-1420

DATE OF REQUEST: DATE NEEDED:

CLINIC NAME:

ADDRESS(for delivery):

Phone: Contact:

TISSUE LAB / BIOPSY SUPPLIES

QTY BOX (1 BOX = 25 BOTTLES)

QTY CASE (1 CASE = 8 BOXES)

20 mL Biopsy Containers

20 mL Biopsy Containers

40 mL Biopsy Containers

40 mL Biopsy Containers

60 mL Biopsy Containers

60 mL Biopsy Containers

QTY Requisitions

QTY Bio-hazard Transport Bags

CYTOLOGY LAB / PAP SUPPLIES

EACH (1 Individual vial)

TRAY (1 TRAY = 25 VIALS)

CASE (1 CASE = 500 VIALS)

* Broom vendor collection device are included per vial/tray/case

QTY

Cytology Pap Supplies

QTY

Cytology Pap Supplies

SurePath Pap Test vials (EACH)

ThinPrep Pap Test vials (EACH)

SurePath Pap Test vials (TRAY)

ThinPrep Pap Test vials (TRAY)

SurePath Pap Test vials (CASE)

ThinPrep Pap Test vials (CASE)

Additional Collection Devices/ Supplies:

QTY

SurePath Pap (Brush / Spatula)

ThinPrep Pap (Brush / Spatula)

Requisitions

Biohazard Specimen Transport bags

Other

ORDER FILLED BY: DATE: