



Please complete form and give to courier or fax to 803-252-2330

SUPPLY ORDER FORM

ITEM

QUANTITY

CYTOLOGY:

Pap Collection Kit (Pap Pak) _____ Boxes
Box of 25 paks

ThinPrep Pap Kit (Tray has 25 vials) _____ Trays

Please indicate: Include brushes/spatulas ____ Brooms ____

CytoLyt vials for collection of
Non-GYN cytology specimens _____ Vials, ea.

Spray fixative for Non-GYN slides _____ Bottles, ea.

Slide Holders for Non-GYN slides _____ Holders, ea.

Specimen Transport Bags _____ Bags, ea.

SURGICAL BIOPSIES:

Biopsy Bottles w/10% formalin _____ Bottles

Specimen Transport Bags _____ Bags, ea.

FORMS

Cytology Requisition Forms _____

Surgical Pathology
Requisition Forms _____

Supply Order Forms (Pad of 25) _____

Billing Pads for Patients _____

Labels for label printer _____

Logbook _____

OTHER

PRACTICE NAME _____

DATE ORDERED _____ BY _____