

Supply Request Order Form

Date Of Request: _____

Requesting Physician: Name _____
Address _____
Phone _____

Specimen collection/Submission supplies:	Quantity
Quantity Pre-filled Formalin Jars (20 ml)	_____
Pre-filled Formalin Jars (40 ml)	_____
Pre-filled Formalin Jars (8 oz)	_____
Empty Plastic Containers with Lids (8 oz)	_____
Pre-filled Formalin Jars (16 oz)	_____
Empty Plastic Containers with Lids (16 oz)	_____
Pre-filled Alcohol Slide containers (for cytology)	_____
10ct Liquid Base Pap (SurePath) 1 box (25ct)	_____
Cardboard Double Slide Mailers	_____
Biohazard Specimen Transport Bags	_____
Frosted Microscopic Slides other	_____
other...	_____
Miscellaneous supplies:	
Surgical Specimen Requisition Forms (Green)	_____
Pap Smear Requisition Forms (White)	_____
Patient Info Labels	_____
Supply Request Order Forms	_____

We request that you order sufficient quantities of the above supplies to meet your needs for a two week period; this will allow us to maintain sufficient stock, as well as those of our other customers. Supply requests will be filled within 24 hours of receipt of proper form. For further assistance, please contact

Date request received: _____
Filled by: _____
Date Filled: _____

Diane Nieblas - Office Manager Demethrasis Blackmon - Service Representative
Office (661) 336-0622 (Supplies, Specimen transport)
Fax (661) 336-0784 (661) 201-1261

"Thank you for allowing us to be of service to you and your patients."