



**LABORATORY SUPPLY ORDER FORM**  
Please fax to: 616.530.0575

Today's Date \_\_\_\_\_ Office/practice Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone number (ext.) \_\_\_\_\_

SPECIMEN COLLECTION ITEMS	UNITS/PKG.	QUANTITY
Biohazard Transport Bags	100/Pack	
Requisition Forms	Pack	
Medicare ABN Forms – <i>English</i>	50/Pack	
Medicare ABN Forms – <i>Spanish</i>	50/Pack	
Thin Prep Pap Kits - ( <i>with Brush &amp; Scraper</i> )	25 Pack	
Thin Prep Pap Kits - ( <i>with Cervex broom</i> )	25 Pack	
CytoLyt 120ml jars - <i>for fluid cytology samples (i.e. cyst aspirate)</i>	Each	
FNA Collection Kits	Each	
CT/GC Sampler - brush	50 Pack	
CT/GC Sampler - swab	50 Pack	
Biopsy jars, prefilled formalin - <i>40ml</i>	24/Box	
Biopsy jars, prefilled formalin - <i>60ml</i>	24/Box	
Loop marking ink	Each	
Cassettes – Lavender	Each	
Cassettes – White	Each	
Biopsy buckets - <i>small (1qt)</i>	Each	
Biopsy buckets - <i>medium (1/2 gallon)</i>	Each	
Biopsy buckets - <i>large (1 gallon)</i>	Each	
Formalin, bulk	Each	

**Other, please describe:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Delivered on \_\_\_\_\_ By \_\_\_\_\_ Received by \_\_\_\_\_