



**CLIENT SUPPLY ORDER FORM**

Ph: (808) 691-4271, Fax: (808) 691-4045, Business Hours: 8:00am - 4:30pm Mon-Fri  
[www.hpllab.com](http://www.hpllab.com)

Client Info:	Order Placed by:
	Date:
	Order Type: ( Fax ) ( Phone ) ( Courier )
	Special Instructions:

No.	QTY	UNIT	Forms
1		PK/100	Pathology Requisitions (please check one) <input type="checkbox"/> Gen <input type="checkbox"/> Uro <input type="checkbox"/> Derm <input type="checkbox"/> Tech Only <input type="checkbox"/> Custom
			<b>Misc</b>
2		PK/100	DLS Specimen Transport Bags
3		ROLL	HPL Specimen Labels
			<b>Special Collection</b>
4		EACH	UroVysion Kits
5		EACH	DIF (Immunoflourescence)
			<b>Surgical Collection</b>
6		EACH	Biopsy Bottle with 7.5 ml Formalin
7		EACH	Biopsy Bottle with 15 ml Formalin
8		EACH	Biopsy Bottle with 30 ml Formalin
9		EACH	Biopsy Bottle with 120 ml Formalin
10		EACH	Biopsy Bottle with 240 ml Formalin
			<b>Gyn - Conventional Pap Test Collection</b>
11		BX/25	Cytology Pap Kit (includes single slide, brush, scraper)
			<b>Thin Prep Pap Test Collection</b>
12		BAG/25	Thin Prep Kit (with lavender Papette)
			<b>SurePath Pap Test Collection</b>
13		TRAY/25	SurePath Tray
14		BAG/50	Rovers Endocervix Brush (pointed end)
15		BAG/25	Rovers Cervix Brush (broom end)
16		BAG/25	Rovers Cervix Brush Combi (broom/brush)
17		BAG/25	Rovers Spatula
18		BAG/25	Brush (breakaway) and Spatula Package

**For Office Use**

Rec'd By:	Filled By:	Client Monthly Volume:
Rec'd Date:	Filled Date:	Reviewed By:

Comments: