



CLIENT SUPPLY ORDER FORM

Ph: (808)-691-4271, Business Hours: 8:00am - 6:00pm Mon-Fri

Client No:

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/Cyto <input type="checkbox"/> Urology <input type="checkbox"/> Dermatology <input type="checkbox"/> Tech Only <input type="checkbox"/> Dental <input type="checkbox"/> ModMed
			Misc
2		PK/100	Specimen Transport Bags
3		ROLL	HPL Specimen Labels
4		PK/10	Cardboard Slide Holders
5		EACH	Fix-Rite 2 Spray
			Special Collection
6		EACH	UroVysion Kits
7		EACH	D.I.F. (Michel's Fixative)
8		EACH	HBS/MRC 5 Cellular Transport Media
9		EACH	Renal Biopsy Kit
			FNA Collection
10		EACH	Preservcyt Solution
11		EACH	Cytolyt Solution
			Surgical Collection
12		EACH	Biopsy Bottle with 20ml Formalin (10ml fill)
13		EACH	Biopsy Bottle with 40ml Formalin (20ml fill)
14		EACH	Biopsy Bottle with 60ml Formalin (30ml fill)
15		EACH	Biopsy Bottle with 240ml Formalin (120ml fill)
16		EACH	Biopsy Bottle with 500ml Formalin (250ml fill)

For Office Use

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

Comments: