



**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 ( <b>PLEASE CHECK ONE</b> )
			<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
<b>Misc</b>			
2		PK/100	Specimen Transport Bags
3		ROLL	HPL Specimen Labels
4		PK/10	Cardboard Slide Holders
5		EACH	Fix-Rite 2 Spray
<b>Special Collection</b>			
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
<b>FNA Collection</b>			
10		EACH	Preservcyt Solution
11		EACH	Cytolyt Solution
<b>Surgical Collection</b>			
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 120ml Formalin
16		EACH	Biopsy Bottle with 240ml Formalin
<b>Gyn - Conventional Pap Test Collection</b>			
17		BX/25	Cytology Pap Kit (includes single slide, brush, scraper)

**For Office Use**

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

Comments: