

Supply Request Form

Date _____ Account # _____

Name _____ Address _____

Phone # _____ ATT'N: _____

Description	Size	Qty
--------------------	-------------	------------

Bags

Bags	Standard	_____
Bags	Large	_____

Formalin

Zinc Formalin, Buffered	40 ml	_____
Zinc Formalin, Buffered	60 ml	_____

Requisitions

Pre-printed Requisitions	Surgical Pathology	_____
Pre-printed Requisitions	Dermatology Pathology	_____
Pre-printed Requisitions	Cytology/GYN	_____
Pre-printed Requisitions	Molecular	_____
Pre-printed Requisitions	Hematopathology	_____
Pre-printed Requisitions	Oncology Cytogenetics	_____
Pre-printed Requisitions	Prenatal Cytogenetics	_____
Pre-printed Requisitions	Standard Cytogenetics	_____
Pre-printed Requisitions	FNA Pathology	_____
Pre-printed Requisitions	Consultation	_____

Shipping Supplies

FedEx Shipping Lab Bags	_____
FedEx Shipping Box (M)	_____
FedEx Shipping Airbill	_____
UF/DRL Large Specimen Kit Box (empty)	_____
UF/DRL Small Specimen Kit Box (empty)	_____
Lock Box	_____

CT/NG Supplies

Gen-Probe Swab Tube	_____
Gen-Probe Urine Tube	_____

ThinPrep/Surepath

ThinPrep Medium	_____
ThinPrep Brushes	_____
ThinPrep Spatula	_____
Surepath Medium	_____
Surepath Standard Brushes	_____
Surepath Standard Broom	_____
Surepath Custom Combi-Broom	_____

Kits

Prostate Kits	6 Biopsy	_____
Prostate Kits	12 Biopsy	_____
Bone Marrow Kits	Kit	_____
Renal Biopsy Kits	Kit	_____
FNA Kits	Kit	_____
UroVysion	Kit	_____

Other

_____	_____
_____	_____

Lab Use Only

Date Completed _____ Filled by _____