



Pathology
Labs of
Arkansas

CLINIC SUPPLY REQUEST FORM

FAX TO (501) 975-8291

DATE OF REQUEST: _____ DATE NEEDED: _____

CLINIC NAME: _____

Address: _____

(for delivery)

Phone: _____ Contact Name: _____

QTY **TISSUE LAB / BIOPSY SUPPLIES**

BOX (1 BOX = 25 BOTTLES)

_____ 20 ml Biopsy Containers

_____ 40 ml Biopsy Containers

_____ 60 ml Biopsy Containers

QTY _____

QTY **TISSUE LAB / BIOPSY SUPPLIES**

CASE (1 CASE = 8 BOXES)

_____ 20 ml Biopsy Containers

_____ 40 ml Biopsy Containers

_____ 60 ml Biopsy Containers

_____ Requisitions

QTY _____ Bio-Hazard Transport Bags

QTY **CYTOLOGY / PAP SUPPLIES**

_____ SurePath Smear vials, blue lid (2 PK vials per 1 PK collection device)

_____ Brooms (blue handle, detachable head: REF# 491461)

_____ Brush/ Spatula (purple handle, detachable head: REF# 02500)

_____ ThinPrep Pap Smear vial, white lid (1 PK vial per 1 PK collection device)

_____ Brooms (purple handle: REF# 908006)

_____ Brush/ Spatula (purple handle: REF# 51491-001)

_____ Requisitions

_____ Bio-Hazard Specimen Transport bags

_____ Other: _____

ORDER FILLED BY: _____ DATE: _____