

# CLIENT PATHOLOGY SUPPLY REQUEST FORM

**Please Fax the Completed Form to (855) 232-0245 or to (562) 981-0600**

Facility: \_\_\_\_\_

Client #: \_\_\_\_\_

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Courier: \_\_\_\_\_

QUANTITY	ITEM	Ordered	Delivered
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### TEST REQUISITION FORMS

25	Cytology/Pathology Form		
25	Urology/Prostate Form		
25	Immunohistochemistry Request Form		
25	Genitourinary Pathology Form		
25	Gastrointestinal Pathology Form		
25	Dermatopathology Form		
25	Histology Processing Request Form		
25	Special Stains Request Form		

QUANTITY	ITEM	Ordered	Delivered
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### NON GYN CYTOLOGY

25	Pap Packs		
25	Thin Prep Vials		
25	Thin Prep Brush & Spatula		
25	Thin Prep Brooms		
10 / Bag	Speculums W/O Lights - Small		
10 / Bag	Speculums W/O Lights - Medium		
10 / Bag	Speculums W/O Lights - Large		
1 Each	ECC Brush		

### BIOPSY SUPPLIES

10 Containers	Biopsy Containers: 40 ml		
10 Containers	Biopsy Containers: 60 ml		
10 Containers	Biopsy Containers: 90 ml		
5 Containers	Biopsy Containers: 125 ml		
4 Containers	Biopsy Container 180 ml		
5 Containers	Biopsy Containers: 350 ml		
5 Containers	Biopsy Containers: 700 ml		
5 Containers	Biopsy Containers 64 OZ		
1 Gallon	Formalin 10%		

### OTHER REQUESTS (Please Specify the Item)


### PROSTATE BIOPSY KITS

1 Kit	Prostate Biopsy Kit (8 Part)		
1 Kit	Prostate Biopsy Kit (12 Part)		
1 Kit	Prostate Biopsy Kit (16 Part)		
1 Each	UroVysion Kit		

### URINE COLLECTION

25 Per Bag	Urine Cups Sterile		
1 Each	UroVysion Kit		

### General Supplies

25 Each	Specimen Bags		
25 Each	Large Specimen Bags		
1 Each	Lock Box		

**\*\*The Supplies Are for ACL Use ONLY.**

**\*\*\*Please Allow 48 to 72 hours for delivery. Thanks.**