



# Supply Request Form

DATE: \_\_\_\_\_ OFFICE: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

<b>SURGICAL PATHOLOGY SUPPLIES</b>		
<b>ITEM</b>	<b>PACKAGED</b>	<b>QUANTITY</b>
Surgical Pathology Requisitions	250/bundle	
20 ml tissue vials (formalin)	24/box	
60 ml tissue vials (formalin)	24/box	
90 ml tissue vials (formalin)	24/box	
120 ml tissue vials (formalin)	24/box	
1/2 gallon tissue containers	Each	
Prostate Biopsy Kits	Per Box	
Urine Cups	Each	
Slide Holders	Each	
Bone Marrow Kits	Each	
<b>CYTO/ MOLECULAR SUPPLIES</b>		
<b>ITEM</b>	<b>PACKAGED</b>	<b>QUANTITY</b>
Pap/Biopsy Requisitions	250/package	
ThinPrep Bottles	25/flat	
SurePath Bottles	25/flat	
Cytobrushes & Plastic Spatulas	25 each/bag	
Cervical Papettes (brooms)	25/bag	
Aptima Gen Probe Swabs (purple)	50/box	
Aptima Gen Probe Urine Kits (yellow)	50/box	
BD Affirm VPIII Pathogen Swab kit	10/box	
Conventional slide pap kit	Each	
BBL Culture Swab (herpes only)	Each	
<b>NON-GYN SUPPLIES</b>		
<b>ITEM</b>	<b>PACKAGED</b>	<b>QUANTITY</b>
Cytolyt Solution Cups - 30 ml	50 per box	
Cytolyt Solution Centrifuge tubes - 30 ml	20 per yellow tray	
Cytolyt Solution - 32 oz. bottle	Each	
50% Alcohol Cups – 50 ml	50 per box	
Thyroid FNA kits	Each	
<b>GENERAL SUPPLIES</b>		
<b>ITEM</b>	<b>PACKAGED</b>	<b>QUANTITY</b>
Specimen Biohazard Bags (small 6x9)	100/bundle	
Specimen Biohazard Bags (large 12x16)	Each	
Supply Request Forms	10/bundle	
Specimen tracking forms	250/bundle	

**FAX TO (970) 212-0553 OR SEND BACK WITH COURIER  
 PLEASE CALL (970) 212-0530 IF YOU HAVE QUESTIONS**