SUMMIT PATHOLOGY

Supply Request Form

DATE: _____CLIENT ID:_____

CONTACT PERSON: _____PHONE #:_____

SURGICAL PATHOLOGY SUPPLIES		
ITEM	**PACKAGED**	**QUANTITY**
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/ Bag	
Michel's Transport Medium	Each	
Sterlie Cups	Each	
Slide Holders	Each	
Bone Marrow Kits	Each	
CYTO/ MOLECULAR SUPPLIES		
ITEM	**PACKAGED**	**QUANTITY**
Pap/Biopsy Requisitions	250/package	
ThinPrep Bottles	25/flat	
Cytobrushes & Plastic Spatulas	25 each/bag	
Cervical Papettes (brooms)	25/bag	
Aptima Gen Probe Swabs (orange)	50/box	
Aptima Gen Probe Swabs (purple)	50/box	
Aptima Gen Probe Urine Kits (yellow)	50/box	
BD Affirm VPIII Pathogen Swab kit	10/box	
NON-GYN SUPPLIES		
ITEM	**PACKAGED**	**QUANTITY**
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	24 per box	
Thyroid FNA kits	Each	
GENERAL SUPPLIES		
ITEM	**PACKAGED**	**QUANTITY**
Specimen Biohazard Bags (small 6x9)	100/bundle	
Specimen Biohazard Bags (large 12x16)	Each	
Specimen tracking forms	250/bundle	

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