Supply Requisition

Pathology

Date Requested: ____________________

Department: _____________________________________

Ordered by whom: _______________________________________

Cytology

ThinPrep® Pap Smear Supplies:
______(kits) ThinPrep® Collection Kits:
   includes: 1 flat (#25) ThinPrep® Pap Test Vials
   1 bag (#25) Medscand (spatulas & brushes)
______(25/pkg) Papette®/Broom-Like Collection Device
   (for use with ThinPrep® Pap Test™)
______(25/pkg) Rovers Cervix-Brush Combi
______Pap® Perfect Cervical Scrapers
   (special request only)

Non-Gyn Supplies:
______ (20/pk) ThinPrep® CytoLyt® Solutions (30 mL tubes)
______ Superfrost Microscope Slides

Histology

Formalin Containers
______ (32/bx) 20 mLs
______ (ea) 90 mLs
______ (32/bx) GI Fixative

Miscellaneous:
______ Requisitions:
   ______Pathology Tissue
   ______Cytology
   ______Supply requisitions
   ______Red STAT Biohazard specimen bags
   ______Clear Biohazard specimen bags

Special Requests and notes: _______________________________________________________

Please fax your order to 406.414.1871 or send it with your specimens

Filled by: ___________________________________________ Date: ____________________