SUPPLY ORDER FORM

ORDERING OFFICE

Practice/Physician:
Contact:
Phone:

SUPPLY ITEMS (Please check appropriate box)

- Requisition Forms  Quantity: ______
- Biohazard Specimen Bags  Quantity: ______

FORMALIN:
- 20 ml  Quantity: _____ Cases (96 vials/case)
- 40 ml  Quantity: _____ Cases (96 vials/case)
- 60 ml  Quantity: _____ Cases (96 vials/case)
- 90 ml  Quantity: _____ Cases (96 vials/case)

MICHELS (must be refrigerated)
- 30 ml  Quantity: _____ vials

**All formalin and michels come with vial labels

COMMENTS/ADDITIONAL INSTRUCTIONS

Lab Use:
Received by:_________  Shipped by:_________
Date:_________  Date:_________