



LABORATORY SUPPLY ORDER FORM - Please fax to 616.530.0575

Today's date _____ Office/Practice name _____

Address _____ City, State, Zip code _____

Contact name _____ Phone number (ext) _____

SPECIMEN COLLECTION

Histology	UNITS/PKG.	QUANTITY
Biopsy jars, prefilled formalin, 40mL (BOX)	24/Box	
Michel's media (vial for immunofluorescence)	Each	

FORMS, TRANSPORT BAGS, AND OTHER MISCELLANEOUS ITEMS

	UNITS/PKG.	QUANTITY
Requisition forms	75/Pkg.	
Bio-hazard transport bags, 6"x9"	100/Pkg.	

Notes, Comments, Special Requests:

Date filled _____ Filled by _____

Delivered on _____ A B LOCAL HOLL. LATE ML FEDEX UPS