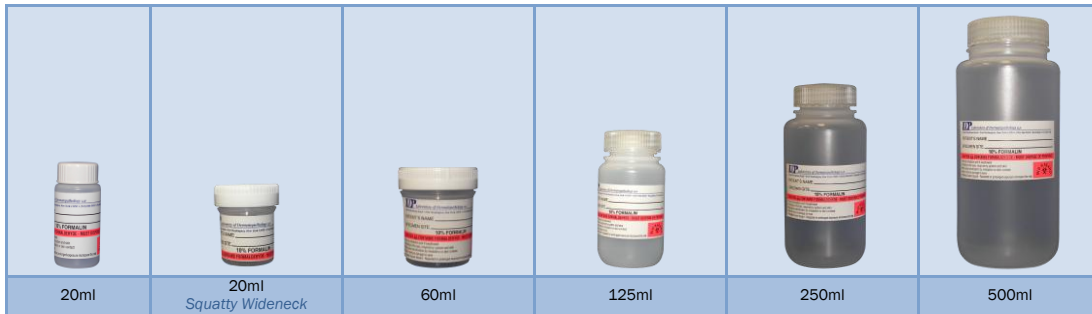




Today's Date \_\_\_\_\_ Office/practice Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone number (ext.) \_\_\_\_\_

SPECIMEN COLLECTION*	UNITS/PKG	QUANTITY
Specimen Vial (20ml) - 10% NB Formalin	20/box	
	50/box	
	100/box	
Specimen Vial (20ml) - 10% NB Formalin ( <i>Squatty Wideneck</i> )	20/box	
	50/box	
	100/box	
Specimen Vial (60ml) - 10% NB Formalin	Each	
Specimen Vial (125ml) - 10% NB Formalin	Each	
Specimen Vial (250ml) - 10% NB Formalin	Each	
Specimen Vial (500ml) - 10% NB Formalin	Each	
Immunofluorescence Kit (Michel's Media)	Each	



FORMS & TRANSPORT BAGS	UNITS/PKG	QUANTITY
Biopsy Requisition Forms	50/pack	
	100/pack	
Biohazard Transport Bags	20/pack	
	50/pack	
Brown Padded Envelopes - Jiffys # 0	Each	
Brown Padded Envelopes - Jiffys # 3	Each	

\*SPECIMEN COLLECTION: ALL SPECIMEN CONTAINER ORDERS WILL ALSO INCLUDE BIOHAZARD TRANSPORT BAGS.

Notes, Comments, Special Requests:

\_\_\_\_\_

\_\_\_\_\_

Delivered on \_\_\_\_\_ By \_\_\_\_\_ Received by \_\_\_\_\_