



**Fax Supply Orders to (805) 692-4611**

You may also return this order via PDL courier.  
Expect orders to be filled within 2-3 working days.

Account Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Order Date: \_\_\_\_\_

Client Code: \_\_\_\_\_

### Anatomic Pathology Supply Order Form

Item	Package Quantities	Ordered	Received
<b>Requisitions / Forms / Specimen Bags</b>			
Requisition Form – Biopsy/ Non-GYN	Each		
Requisition Form – GYN Cytology/Biopsy	Each		
Requisition Form – Dermatology	Each		
Requisition Form – Women’s Health	Each		
Specimen Transport Bags	Pack of 100		
ABN for Medicare Pap - English	Each		
ABN for Medicare Pap – Spanish	Each		
<b>Biopsy Supplies</b>			
Biopsy Bottle w/ 10% Formalin – 20mL – 2840	Box of 24		
Biopsy Bottle w/ 10% Formalin – 40mL – 927	Box of 24		
Biopsy Bottle w/ 10% Formalin – 60 mL – 928	Box of 24		
Biopsy Bottle w/ 10% Formalin – 120 mL – 929	Box of 24		
Biopsy Bottle Labels	Roll of 50		
Prostate Study Kit – 6 Vials	Each		
Prostate Study Kit – 12 Vials	Each		
Other:			
Other:			
<b>Cytology Supplies</b>			
ThinPrep Pap Collection Vials	Flat of 25		
Cervical Brushes/Spatulas	Pack of 25		
Cervical Broom	Pack of 25		
Glass Bottle w/ Reagent Alcohol	Each		
CytoLyt Solutions for F.N.A. / Non-GYN – 926	Each		
Cytology – Slide Holders – Double	Each		
<b>Other Supplies:</b>			

For additional supply needs not listed above please contact your PDL Sales Representative