

Anatomic Pathology Supply Request



PLEASE FAX YOUR ORDER TO:
(805) 692-4611
 You may also return this order via PDL Courier.
 Expect orders to be filled with 2-3 working days.

Client Name:		
Client Address:		
Client Phone Number:		
Date Ordered:		Client Code:
Send Supplies Attention:		

**Requisitions
/ General**

Item Description	Unit	Quantity Requested
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 50	
ABN for Medicare Pap - English	Each	
ABN for Medicare Pap – Spanish	Each	

**Biopsy
Supplies**

Item Description	Unit	Quantity Requested
Biopsy Bottle w/ 10% Formalin – 20mL	Box of 24	
Biopsy Bottle w/ 10% Formalin – 40mL	Box of 24	
Biopsy Bottle w/ 10% Formalin – 60 mL	Box of 24	
Biopsy Bottle w/ 10% Formalin – 120 mL	Box of 24	
Biopsy Bottle Labels	Roll of 50	
Prostate Study Kit – 6 Vials	Each	
Prostate Study Kit – 12 Vials	Each	
Other:		
Other:		

**Cytology
Supplies**

Item Description	Unit	Quantity Requested
ThinPrep Pap Collection Vials	Flat of 25	
Cervical Brushes/Spatulas	Pack of 25	
Cervical Broom	Pack of 25	
EndoCervex Brushes (Removal Head)	Pack of 50	
Glass Bottle w/ Reagent Alcohol	Each	
CytoLyt Solutions for F.N.A. / Non-GYN	Each	
Cytology – Slide Holders – Double	Each	
Other:		
Other:		