

Laboratory of Dermatopathology

Upon completion fax this form to 516.883.2936

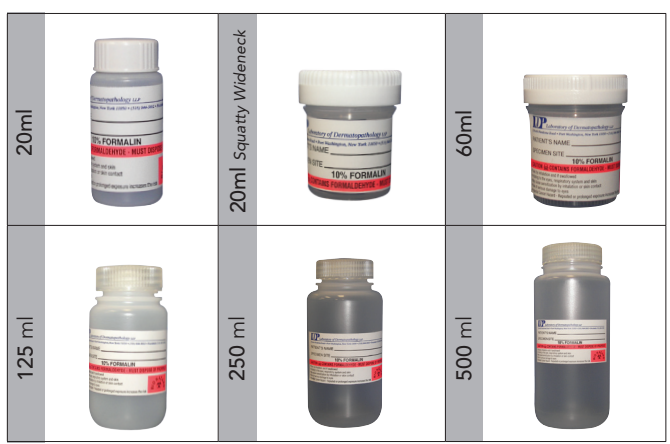
Today's Date: _____

Office Name: _____

Address: _____

Name: _____ Phone: _____

QTY		Specimen Collection	QTY		Forms & Transport Bags																
_____	20/box	Specimen Vial (20ml)-10% NB Formalin	_____	50/pack	Biopsy Requisition Forms																
_____	50/box		_____	100/pack																	
_____	100/box		_____	20/pack	Biohazard Transport Bags																
_____	20/box	Specimen Vial (20ml)-10% NB Formalin (<i>Squatty Wideneck</i>)	_____	50/pack																	
_____	50/box		_____	Each	Brown Padded Envelopes - Jiffys #0																
_____	100/box		_____	Each	Brown Padded Envelopes - Jiffys #3																
_____	Each	Specimen Vial (60ml)-10% NB Formalin	<table border="1"> <thead> <tr> <th colspan="2">Other</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>			Other		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	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)																			



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

Delivered on:	By:
Received by:	