



Highlands Pathology Consultants, P.C.

REQUEST FOR SUPPLIES

(Return request by courier or fax to 423-224-5349)

Physician office: _____

Address/Phone: _____

Ordered by: _____ Date: _____

FORMS

- Specimen Requisition Forms
- Request for Supplies Forms
- ABN (Advance Beneficiary Notice) Forms
- Products of Conception Release Forms

CYTOLOGY SUPPLIES

QTY

- Cervical Brooms (25 per pack) _____
- Cervical Spatulas/ Endocervical Brushes (25 each per pack) _____
- ThinPrep Pap vials (25 per pack) _____
- Plastic slide containers for conventional paps (pre-filled with glass slides, 50 per bag) _____
- Glass Slides (72 per pack) _____
- Cytology Spray Fixative _____
- Plastic slide containers for pre-smear specimens (pre-filled with 95% ETOH) _____
- CytoLyt (Cytology fixative) _____
- Cytology non-gyn specimen containers (pre-filled with cytology fixative) _____
- Cytology SDS (Safety Data Sheet) _____
Specify: _____
- Biohazard Bags for Specimen Transport _____
- Other (specify below) _____

HISTOLOGY SUPPLIES

QTY

- Tissue Bottles, 40 ml formalin, pre-filled _____
- Tissue Bottles, 60 ml formalin, pre-filled _____
- Biohazard Bags for Specimen Transport _____
- Formalin Hazard Labels _____
- Formalin SDS (Safety Data Sheet) _____

FOR HOSPITAL/SURGERY CENTER CLIENTS ONLY

- 4 oz. Screw top specimen containers (urine cups) _____
- 8 oz. Specimen containers _____
- 16 oz. Specimen containers _____
- 32 oz. Specimen containers _____
- 86 oz. (1/2 gallon) Specimen containers _____
- 1 Gallon 10% Formalin _____

Supplies are provided only for specimens sent to Highlands Pathology Consultants, P.C.

Order filled by: _____ Date _____