



Highlands Pathology Consultants, P.C.

REQUEST FOR SUPPLIES SURGERY CENTERS/HOSPITALS

(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
- Acknowledgement of Financial Responsibility Waivers
- ABN (Advance Beneficiary Notice) Forms
- Products of Conception Release Forms

CYTOLOGY SUPPLIES

QTY

- 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, 20 ml formalin, pre-filled (24 bottles per box) _____
- Tissue Bottles, 40 ml formalin, pre-filled (24 bottles per box) _____
- Tissue Bottles, 60 ml formalin, pre-filled (24 bottles per box) _____
- Tissue Bottles, 120 ml formalin, pre-filled (24 bottles per box) _____
- Formalin SDS (Safety Data Sheet) _____

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 _____