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
☐ Acknowledgement of Financial Responsibility Waivers
☐ 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 pre-smeared specimens pre-filled with 95% ETOH (slides included)	_____
☐ CytoLyt cytology fixative (for FNA, body fluids, respiratory)	_____
☐ Cytology non-gyn specimen containers pre-filled with cytology fixative (for urine)	_____
☐ Cytology SDS (Safety Data Sheet) Specify: _____	_____
☐ Biohazard Bags for Specimen Transport	_____

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)	_____
☐ Bags for Specimen Transport	_____
☐ Formalin SDS (Safety Data Sheet)	
☐ Other (specify below)	_____
_____	

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

Order filled by: _____Date_____

9-2026