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 ☐ Products of Conception Release Forms

CYTOLOGY SUPPLIES	QTY
☐ CytoLyt cytology fixative (for FNA, body fluids, respiratory)	_____
☐ Cytology non-gyn specimen containers pre-filled with cytology fixative (for urine, bladder washes)	_____
☐ Cytology SDS (Safety Data Sheet) Specify: _____	_____
☐ 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)	_____
☐ 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_____