

Central Regional Pathology Lab
Ph: 651-264-1603 Fx: 651-264-1646
Pathology Supply Re-Order Form

Date: _____

Clinic Name: _____ Account # _____

Ordered by: _____ Phone # _____

Pre-filled formalin specimen containers

- 20ml with formalin (32 per box): # _____
- 40ml with formalin (18 per box): # _____
- 90ml with formalin (24 per box): # _____
- 120ml with formalin (24 per box): # _____

Empty large containers without formalin

- 16oz # _____ 32oz # _____ 86oz # _____ 190oz # _____

Requisitions

Specimen Requisitions: 25 50 100

Non-Gyn Cytology Requisitions: 25 50 100

Hematology Requisition Requisitions: 25 50 100

Specimen Bags: Large # _____ Med. # _____ Small # _____

Fixatives:

CytoRich Red: _____ Cyto Rich Red Labels _____

RPMI: _____ AZF: _____

Fetal Calf Serum _____

Labels:

Container Labels: _____

Please specify type ie: formalin, small blue, large green, etc

Time in formalin labels (30 green labels per sheet) # of sheets: _____

Empty Slide Holders: # _____