



PATHOLOGY
LABORATORIES
OF ARKANSAS, P.A.

CLINIC SUPPLY REQUEST FORM

FAX TO: (501) 202-1420

DATE OF REQUEST: ____/____/____ **DATE NEEDED:** ____/____/____

CLINIC NAME: _____

Address: _____

Phone: _____ (for delivery) Contact Name: _____

QTY TISSUE LAB / BIOPSY SUPPLIES

____ 20 ml Biopsy Containers
____ 40 ml Biopsy Containers
____ 60 ml Biopsy Containers
____ Requisitions
____ Bio Hazard Specimen Transport bags

QTY CYTOLOGY / PAP SUPPLIES

____ SurePath Smear vials (Blue Lid) (2 PK vials per 1 PK collection device)
____ Brooms (blue handle, detachable head: **REF# 491461**)
OR
____ Brush/ Spatula (purple handle, detachable head: **REF# 02500**)

____ ThinPrep Pap Smear vial, white Lid (1 PK vial per 1 PK collection device)
____ Brooms (purple handle: **REF# 908006**)
OR
____ Brush/ Spatula (purple handle: **REF# 51491-001**)

____ Requisitions
____ Bio Hazard Specimen Transport bags
____ Other: _____

ORDER FILLED BY: _____ DATE: _____