



**LABORATORY SUPPLY ORDER FORM - Please fax to: 603.778.1602**

Today's Date \_\_\_\_\_ Office/practice Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone number (ext.) \_\_\_\_\_

SPECIMEN COLLECTION	UNITS/PKG.	QUANTITY
Liquid-based Pap kits (SurePath) – 25 vials & cervex brooms – Pap	Kit(s)	
Liquid-base Pap kits (SurePath) – 25 vials & combi brushes – Pap	Kit(s)	
Rovers Cervex Brooms – 25/bag - Pap	Bag	
Rovers Combi Brushes – 25/bag - Pap	Bag	
Rovers Endo-Cx Brushes – 50/bag - Pap	Bag	
Rovers Spatulas – 50/bag – Pap	Bag	
CE Brushes – 100/bag – Pap	Bag	
Biopsy Bottles – pre-filled with 40ml Formalin – 30/tray - Biopsy	Tray(s)	
CytoRich Red Preservative Bottles for FNA specimens – 36/tray	Tray(s)	

FORMS AND TRANSPORT BAGS	UNITS/PKG.	QUANTITY
Specimen Transport Ziplock Bag Sets – set of 10 – Pap	Set(s)	
Specimen Transport Ziplock & Biohazard Bag Sets – set of 10 – Biopsy	Set(s)	
Requisitions Pap/Biopsy – clinician printed	Unit(s)	
Requisitions Supply	Unit(s)	

Notes, Comments, Special Requests:

\_\_\_\_\_  
 \_\_\_\_\_

Delivered on \_\_\_\_\_ By \_\_\_\_\_ Received by \_\_\_\_\_

