

LABORATORY SUPPLY ORDER FORM

Please complete and fax to 603-778-1602

DATE	PRACTICE NAME
ADDRESS	CITY, STATE & ZIP CODE
CONTACT NAME	PHONE

SPECIMEN COLLECTION	UNITS/PKG.	QUANTITY
Liquid-based Pap kits (SurePath) – 25 vials & 25 Cervex brooms -Pap	Kit (s)	
Liquid-based Pap kits (SurePath) – 25 vials & 25 Combi brushes -Pap	Kit (s)	
Liquid-based Pap kits (ThinPrep) – 25 vials & 25 Papette brooms -Pap	Kit (s)	
Liquid-based Pap kits (ThinPrep) – 25 vials & 25 Medscand Spatula/Endcx brush - 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	
Medscand Spatula/Endocervical Brush pair --25/bag –Pap	Bag	
Papette Broom—25/bag-Pap	Bag	
CE Brushes – 100/bag – Pap	Bag	
Biopsy Bottles – 10% Neutral Buffered Formalin – 32/box Please specify: __20ml, __40ml, __60ml	Box (es)	
CytoRich Red Preservative Bottles for FNA specimens -20/tray	Tray (s)	
Affirm Vaginal Pathogen kits – 10/box	Box (es)	

SPECIMEN COLLECTION	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)	
Supply Form	Unit (s)	

NOTES / COMMENTS / SPECIAL REQUESTS	
ORDER FILLED ON	BY
DELIVERED ON	BY
RECEIVED BY	