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SUPPLY REQUEST FORM

Please use this form to notify us of your supply requirements.

NOTE: Order at least one week before intended use.

FAX TO 415-209-6053

Contact Name: _____ Date: _____

Office Name: _____ Phone: _____

Mailing Address: _____

QTY	GYN CYTOLOGY	QTY	PATHOLOGY / HISTOLOGY
_____	ThinPrep PreservCyt Vials (25/pack)	_____	Formalin-Filled Bottles, 40mL
_____	Brushes with Spatulas (25/pack)	_____	Formalin-Filled Bottles, 90mL
_____	Brooms (25/pack)	_____	Derm Labels

QTY	NON-GYN / FNA CYTOLOGY	QTY	GENERAL SUPPLIES
_____	Non-Gyn CytoLyt Cups	_____	Specimen Bags
_____	FNA CytoLyt Cups	_____	Mailing Envelopes
_____	Slides, Label-End	_____	Requisition Forms (100/pack)
_____	Plastic Slide Holders	_____	Supply Request Forms (100/pad)

So we may serve you better, please check the box that best describes the services we provide.

	OUTSTANDING	NEEDS IMPROVEMENT	COMMENTS
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Patient Billing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Courier Service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report Turnaround Time	<input type="checkbox"/>	<input type="checkbox"/>	_____