



SUBMISSION

Please indicate supplies necessary for specimen collection and submit by:

fax 303.512.2246
phone 303.512.2216
email supplies@unipathdx.com

Please allow 2-3 working days for supply delivery.

CLIENT INFORMATION

Ordering Physician/Office, Contact Name, Street Address, Ste. #, City, State, Zip, Phone #, Email, Date, Requested By

Table with columns QTY, UNIT, and DESCRIPTION. Rows include ThinPrep, SurePath, UniSwab, APTIMA, GBS, BD Urine UPT, Formalin, GI Pathogen Panel, Specimen Bags, and Requisitions.



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Street Address		Ste. #
City	State	Zip
Phone #	Email	
Date D D / M M / Y Y Y Y	Requested By D D / M M / Y Y Y Y	

QTY	UNIT	DESCRIPTION
_____ # of reqs	individually packaged	Breast Requisitions
_____ # of reqs	individually packaged	Cytology/Histology Requisitions
_____ # of reqs	individually packaged	Dermatopathology Requisitions
_____ # of reqs	individually packaged	GI Requisitions
_____ # of reqs	individually packaged	Head & Neck Requisitions
_____ # of reqs	individually packaged	Surgical/Tissue Requisitions
_____ # of reqs	individually packaged	Urology Requisitions
_____ # of reqs	individually packaged	Women's Health Requisitions
_____ # of kits	individually packaged	Bone Marrow Test Kit
_____ # of kits	individually packaged	Peripheral Blood Test Kit
_____ # of kits	individually packaged	Prostate Test Kit
_____ # of kits	individually packaged	FNA Test Kit
_____ # of kits	individually packaged	FNA Bilateral Test Kit
_____ # of kits	individually packaged	Urine/UroVysion Test Kit
_____ # of boxes	24 per box	20 mL Formalin
_____ # of boxes	24 per box	40 mL Formalin
_____ # of boxes	24 per box	60 mL Formalin
_____ # of boxes	24 per box	120 mL Formalin
_____ # of containers	individually packaged	8 oz Empty Specimen Container
_____ # of containers	individually packaged	16 oz Empty Specimen Container
_____ # of containers	individually packaged	32 oz Empty Specimen Container
_____ # of containers	individually packaged	86 oz Empty Specimen Container
_____ # of containers	individually packaged	172 oz Empty Specimen Container
_____ # of gallons	individually packaged	10% Formalin Gallon
_____ # of boxes	72 per box	Frosted End Slides
_____ # of trays	20 per tray	30 mL Cytolyt Fixative
_____ # of kits	individually packaged	RPMI
_____ # of trays	100 per tray	Green Top Tubes
_____ # of trays	100 per tray	Purple Top Tubes
_____ # of boxes	32 per box	20 mL B-Plus Fixative
_____ # of holders	individually packaged	Cardboard, 2 Slide Holders
_____ # of holders	individually packaged	Plastic, 5 Slide Holders
_____ # of packs	100 bags per pack	Small Specimen Bags (6" x 9")
_____ # of boxes	individually packaged	FedEx Bags with Shipping Boxes

QTY	UNIT	DESCRIPTION
OTHER	OTHER	OTHER