



SUBMISSION







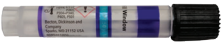





Please indicate supplies necessary for specimen collection and submit by:

fax 252.234.9270
phone 252.234.2841
via courier

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 DD / MM / YYYY	Requested By DD / MM / YYYY	

QTY	UNIT	DESCRIPTION
_____ # of trays	25 vials per tray	ThinPrep® Liquid-based Pap 
_____ # of bags	25 per bag	Purple CytoBrooms
_____ # of bags	25 per bag	CytoBrushes & Clear Spatulas (packaged together)
_____ # of trays	25 vials per tray	SurePath™ Liquid-based Pap 
_____ # of bags	25 per bag	Blue CytoBrooms
_____ # of bags	25 per bag	CytoBrushes & Clear Spatulas (packaged together)
_____ # of bags	100 per bag	White CytoBrushes
_____ # of bags	25 per bag	CombiBrooms
_____ # of bags	10 per bag	UniSwab™ 
_____ # of bags	10 per bag	APTIMA® Unisex Swab 
_____ # of bags	10 per bag	APTIMA® Vaginal Multitest Swab 
_____ # of bags	10 per bag	GBS by UniPath / BBL™ CultureSwab™ 
_____ # of tubes	individually packaged	BD Urine UPT  
_____ # of jars	individually packaged	20 mL Formalin 
_____ # of jars	individually packaged	60 mL Formalin
_____ # of jars	individually packaged	120 mL Formalin
_____ # of packs	100 bags per pack	Small Specimen Bags (6" x 9") 
_____ # of reqs	individually packaged	Women's Health Requisitions 
_____ # of reqs	individually packaged	Cytology/Histology Requisitions
_____ # of boxes	individually packaged	FedEx Bags with Shipping Boxes 

QTY	UNIT	DESCRIPTION
OTHER	OTHER	OTHER



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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	Interpace Dx Premium Test Kit
_____ # of kits	individually packaged	Prostate Premium Test Kit
_____ # of kits	individually packaged	FNA Premium Test Kit
_____ # of kits	individually packaged	FNA Bilateral Premium Test Kit
_____ # of kits	individually packaged	Urine/UroVysion Premium Test Kit
_____ # of jars	individually packaged	20 mL Formalin
_____ # of jars	individually packaged	60 mL Formalin
_____ # of jars	individually packaged	120 mL Formalin
_____ # of jars	individually packaged	8 oz Empty Specimen Container
_____ # of jars	individually packaged	16 oz Empty Specimen Container
_____ # of jars	individually packaged	32 oz Empty Specimen Container
_____ # of jars	individually packaged	86 oz Empty Specimen Container
_____ # of jars	individually packaged	172 oz Empty Specimen Container
_____ # of gallons	individually packaged	10% Formalin (gallon) - for use with empty containers
_____ # of kits	individually packaged	Bone Marrow Kit
_____ # of kits	individually packaged	Peripheral Blood Kit
_____ # of boxes	72 per box	Frosted End Slides
_____ # of kits	individually packaged	Cytolyt Fixative
_____ # of kits	individually packaged	RPMI
_____ # of boxes	25 per box	Red Top Alcohol Fixative
_____ # 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