



**SUBMISSION**














Please indicate supplies necessary for specimen collection and submit by:

**fax** 561.659.0413  
**phone** 561.659.0770

**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 D D / M M / Y Y Y Y	Requested By D D / M M / Y Y Y Y	

QTY	UNIT	DESCRIPTION	
_____ # of trays	25 vials per tray	ThinPrep® Liquid-based Pap	
_____ # of bags	25 per bag	Purple CytoBrooms (papettes)	
_____ # 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	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 vials	individually packaged	BD Urine UPT	 
_____ # 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 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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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	Prostate Test Kit
_____ # of kits	individually packaged	FNA 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 boxes	24 per box	240 mL Formalin
_____ # of boxes	24 per box	500 mL Formalin
_____ # of containers	individually packaged	64 oz Empty Specimen Container
_____ # of containers	individually packaged	127 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 packs	25 per pack	Plastic, 5 Slide Holders
_____ # of packs	25 per pack	Alcohol 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