

SUBMISSION

Please indicate supplies necessary for collection of specimens and submit by

Fax 888.822.8456

Email supplies@alliancediagnostics.com




Online submission alliancediagnostics.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 DD / MM / YYYY	Requested By DD / MM / YYYY	

GASTROINTESTINAL PATHOLOGY

QTY	UNIT	DESCRIPTION
_____ # of boxes	24 jars per box	20 mL Formalin 
_____ # of boxes	24 jars per box	40 mL Formalin
_____ # of boxes	24 jars per box	60 mL Formalin
_____ # of boxes	24 jars per box	129 mL Formalin
_____ # of kits	GI Pathogen Panel Kit	
_____ # of kits	Standard Kit (patient to direct ship FedEx) 	
_____ # of kits	Mini Kit (infant collection)	
_____ # of reqs	individually packaged	GI Requisitions 









SHIPPING

QTY	UNIT	DESCRIPTION
_____ # of packs	100 bags/pack	Sm Specimen Bags (6" x 9") 
_____ # of packs	100 bags/pack	Lg Specimen Bags (12" x 15")
_____ # of packs	10 boxes/pack	FedEx Small* (11" x 1" x 12")
_____ # of packs	20 boxes/pack	UPS Small* (11" x 1" x 12")
_____ # of packs	10 boxes/pack	FedEx Medium (12" x 3" x 13") 
_____ # of packs	20 boxes/pack	UPS Medium (12" x 3" x 13")
_____ # of packs	10 boxes/pack	FedEx Large (12" x 3" x 17")
_____ # of packs	20 boxes/pack	UPS Large (12" x 3" x 17")
_____ # of boxes	100 packs/box	Clinical Packs  *All small boxes must be placed inside a clinical pak.
_____ # of labels	individually packaged	Shipping Labels: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS 



OTHER

QTY	UNIT	DESCRIPTION

GENITOURINARY PATHOLOGY

QTY	UNIT	DESCRIPTION
_____ # of boxes	6 vials per box	Prostate Kit - 6 
_____ # of boxes	8 vials per box	Prostate Kit - 8
_____ # of boxes	12 vials per box	Prostate Kit - 12
_____ # of boxes	14 vials per box	Prostate Kit - 14
_____ # of boxes	16 vials per box	Prostate Kit - 16
_____ # of boxes	12 vials per box	Prostate Cassette Biopsy Kit 
_____ # of kits	individually packaged	Urine Cytology / UroVysion™ FISH Kit 
_____ # of flats	25 vials per flat	25 Urine Cytology Jars 
_____ # of kits	individually packaged	APTIMA® Urine Specimen Transport Kit (Urine CT/NG) 
_____ # of kits	individually packaged	APTIMA® Vaginal Swab Transport Media (CT/NG) 
_____ # of kits	individually packaged	APTIMA® Unisex Swab Transport Media (CT/NG) 
_____ # of reqs	individually packaged	Urology Requisitions 

DERMATOPATHOLOGY

QTY	UNIT	DESCRIPTION
_____ # of boxes	24 jars per box	20 mL Formalin 
_____ # of boxes	24 jars per box	40 mL Formalin
_____ # of boxes	24 jars per box	60 mL Formalin
_____ # of boxes	24 jars per box	129 mL Formalin
_____ # of jars	individually packaged	Michels Solution 
_____ # of reqs	individually packaged	Dermatology Requisitions 