

Request for Forms and Supplies



Professional Veterinary Pathology Services, LLC

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www.ProVetPath.Com

PRACTICE: _____

DATE: _____

BIOPSY/CYTOLOGY REQUISITION FORMS (Purple) NO: _____

NECROPSY/POST MORTEM REQUISITION FORMS (Black) NO: _____

CYTOLOGY SLIDE MAILERS (plastic) NO: _____

CYTOLOGY SLIDE MAILER LABELS (sheets of 10 labels) NO: _____

BIOPSY CONTAINER LABELS (sheets of 10 labels) NO: _____

SMALL SPECIMEN BAGS LARGE SPECIMEN BAGS NO: _____

UPS BOXES **WITH** OVERWRAPS/ OVERNIGHT LABELS NO: _____

UPS BOXES ONLY – **NO OVERWRAPS/ OVERNIGHT LABELS** NO: _____

BIOPSY SPECIMEN CONTAINERS:

A. EXTRA SMALL NO: _____
(20 ml short – Good for very small or endoscopic biopsies)

B. SMALL NO: _____
(40 ml short – Good for small skin/organ biopsies < 1" diameter)

C. MEDIUM NO: _____
(80 ml tall – Good for skin/tissue biopsies up to 2" in diameter)

D. LARGE NO: _____
(8 oz – Good for large skin/organ biopsies or several tissues)

E. EXTRA-LARGE NO: _____
(16 oz – Best for largest specimens, digits, or necropsies)



A. EXTRA SMALL

B. SMALL

C. MEDIUM

D. LARGE

E. EXTRA LARGE

**PLACE COMPLETED SUPPLY REQUEST FORM IN SIDE POUCH OF SPECIMEN BAG
OR FAX TO 803-753-5074**

Filled By: _____ Date Filled: _____ Date Delivered: _____