

# SUPPLY ORDER FORM

**Histology:**

**QC:**

**(For Internal Use:** Confirm products and quantities when QCing)

Prefilled Formalin Biopsy Containers, 10ml (128 Jars/Case) Amount Requested: \_\_\_\_\_

Prostate 14 Count Formalin Kit (Each) Amount Requested: \_\_\_\_\_

**Molecular:**

UTI Collection Kits (Vacutainers) (Case of 50) Amount Requested: \_\_\_\_\_

Urinalysis (Vacutainers) (Case of 50) Amount Requested: \_\_\_\_\_

Pre-Prostate Biopsy Rectal Swab Kit Amount Requested: \_\_\_\_\_

Semen Collection Kit Amount Requested: \_\_\_\_\_

**Cytology:**

Cytology/Fish, Bladder17 Collection Cups w/ Preservative (25/cs) Amount Requested: \_\_\_\_\_

Cytology Brushes (Gastrosopes) (Case of 20) Amount Requested: \_\_\_\_\_

Sterile Urine Collection Cups (Comes in cases of 25 or 200) Amount Requested: \_\_\_\_\_

**General:**

Biohazard Bags (Small) Amount Requested: \_\_\_\_\_

Biohazard Bags (Large) Amount Requested: \_\_\_\_\_

Pre-labeled FedEx Boxes (Large, Case of 20) Amount Requested: \_\_\_\_\_

Pre-labeled FedEx Boxes (Medium, Case of 20) Amount Requested: \_\_\_\_\_

Emerittrak Trackers Amount Requested: \_\_\_\_\_

**(For Internal Use:** Please make sure labels are set for Saturday deliveries when QCing)

**Requisitions:**

GU Requisition Form (w/ clinic name and physicians) Amount Requested: \_\_\_\_\_

GI Requisition Form (w/ clinic name and physicians) Amount Requested: \_\_\_\_\_

BE FISH Requisition Form (w/ clinic name and physicians) Amount Requested: \_\_\_\_\_

UTI/STI Requisition Form (w/ clinic name and physicians) Amount Requested: \_\_\_\_\_

Surgical Requisition Form (w/ clinic name and physicians) Amount Requested: \_\_\_\_\_

**Requesting Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Attention To:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

PLEASE FAX THIS REQUEST FORM TO **610.465.8962**

ADDITIONAL NOTES:

If you would like a digital copy of this document, please email us at **supplies@EmeritusDX.com**

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