

# SUPPLY ORDER FORM

**Histology:**

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:\_\_\_\_\_

Pre-Prostate Biopsy Rectal Swab Kit (Packs of 10)

Amount Requested:\_\_\_\_\_

**Cytology:**

Cytology/BladderFish Collection Cups w/ Preservative (Case of 25)

Amount Requested:\_\_\_\_\_

Sterile Urine Cups (Comes in cases of 25 or 200)

Amount Requested:\_\_\_\_\_

**General:**

Biohazard Bags (Small)

Amount Requested:\_\_\_\_\_

Biohazard Bags (Large)

Amount Requested:\_\_\_\_\_

FedEx Boxes (Large, Case of 20)

Amount Requested:\_\_\_\_\_

FedEx Boxes (Medium, Case of 20)

Amount Requested:\_\_\_\_\_

FedEx Boxes (Small, Case of 20)

Amount Requested:\_\_\_\_\_

FedEx Custom Return Labels

Amount Requested:\_\_\_\_\_

**Requisitions:**

GU Requisition Form (w/ clinic name and physicians)

Amount Requested:\_\_\_\_\_

GI Requisition Form (w/ clinic name and physicians)

Amount Requested:\_\_\_\_\_

UTI Only Requisition Form (w/ clinic name and physicians)

Amount Requested:\_\_\_\_\_

Surgical Requisition Form (w/ clinic name and physicians)

Amount Requested:\_\_\_\_\_

**Requesting Location:**\_\_\_\_\_**Address:**\_\_\_\_\_**Requestor Name:**\_\_\_\_\_**Phone #:**\_\_\_\_\_

ADDITIONAL NOTES:

PLEASE FAX THIS REQUEST FORM TO **949.418.7287**If you would like a digital copy of this document, please email us at **CS@EmeritusDX.com**

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