

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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