



# NEW ENGLAND TISSUE ISSUE INC.

SPECIALIZED PATHOLOGY SERVICES WITH A BEDSIDE MANNER

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TODD VINOVRSKI MD, LABORATORY DIRECTOR

## HISTOLOGY SUPPLY FORM

|        |          |      |
|--------|----------|------|
| CLIENT | LOCATION | DATE |
|--------|----------|------|

FOR SUPPLIES: PLEASE CALL 508-235-1118 OR FAX 508-235-1119  
Please allow 24-48 hours for delivery of supplies.

#  40ML 10% FORMALIN CONTAINERS (96/CS)

#  60ML 10% FORMALIN CONTAINERS (96/CS)

#  DIRECT IMMUNOFLUORESCENCE (DIF) FIXATIVE (EACH)

#  SPECIMEN BIOHAZARD BAGS (PK)

#  LARGE TRANSPORT BAGS (CLEAR)

#  HISTOLOGY REQUISITIONS

#  TRACKING SLIPS

## CLINICAL CONFERENCE CASE

|                     |                     |      |
|---------------------|---------------------|------|
| PATIENT/ACCESSION # | CONFERENCE LOCATION | DATE |
|---------------------|---------------------|------|