



**NEW ENGLAND
TISSUE ISSUE**

A ProPath Company

508.235.1118 P
508.235.1119 F
NETISSUEISSUE@PROPATH.COM
1822 NORTH MAIN ST., SUITE 302
FALL RIVER, MA 02720
CLIA LICENSE # 2202015045
TODD VINOVRSKI, M.D., 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.

20ML 10% FORMALIN CONTAINERS (128/CS)

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