

CPC PATHOLOGY

REQUEST FOR CLIENT SUPPLIES

Account name: _____

Address: _____

Phone: _____

Requisitions: Dermatopathology Hematopathology
 General Surgery Cytology
 GI Pathology Urological Pathology

Amount requested: _____

Specimen bags: Small: _____ Large: _____

Formalin Jars: Please circle 5ml 20ml 40ml 60ml

Amount Requested: _____

Immunofluorescence Fixative(Michel's Media): _____

Cytology Fixative (for urine): _____

RPMI Media: _____

Bone Marrow Supplies: Please circle item and indicate quantity alongside:

Slide boards ____ Slides ____ Plastic Holders ____

Zinc Formalin ____ Bags ____

Prostate Biopsy Kits: _____

Other:

Please either submit via our web site or fax to **847-996-0791**.