

Pathology Supply Order Form

Facility Name _____

Requested By _____ Date _____

*Fax completed form to 713.748.5860 and allow 3 business days for completion.
You may also request online at www.brownpathology.com*

- | | |
|---|---|
| <input type="checkbox"/> SPECIMEN LOG PAGES | <input type="checkbox"/> REQUISITION FORMS |
| <input type="checkbox"/> FORMALIN
Quantity: _____ 1.1 Gallon
Quantity: _____ 5.5 Gallon | <input type="checkbox"/> PARAFILM
(to secure large containers) |

SPECIMEN BAGS:

- | |
|--|
| <input type="checkbox"/> 12" x 15.5" Quantity: _____ (100 per pack) |
| <input type="checkbox"/> 12" x 15.5" drawstring closure Quantity: _____ (50 per pack) |
| <input type="checkbox"/> 8" x 10" Quantity: _____ (100 per pack) |
| <input type="checkbox"/> 6" x 9" Quantity: _____ (100 per pack) |

SPECIMEN CONTAINERS- LARGE, EMPTY (SINGLES):

- | | |
|---|--|
| <input type="checkbox"/> 8oz Quantity: _____ | <input type="checkbox"/> 92oz Quantity: _____ |
| <input type="checkbox"/> 16oz Quantity: _____ | <input type="checkbox"/> 128oz Quantity: _____ |
| <input type="checkbox"/> 32oz Quantity: _____ | <input type="checkbox"/> 165oz Quantity: _____ |
| <input type="checkbox"/> 64oz Quantity: _____ | |

SPECIMEN CONTAINERS- SMALL, PREFILLED WITH FORMALIN (24 PER BOX)

- | | |
|---|--|
| <input type="checkbox"/> 60ml Quantity: _____ | <input type="checkbox"/> 120ml Quantity: _____ |
| <input type="checkbox"/> 90ml Quantity: _____ | |