

FLINT MEDICAL LABORATORY

LABORATORY SUPPLY ORDER FORM • Please fax to : 810.733.8898

Today's Date _____
 Practice name _____
 Contact Name _____
 Phone Number _____

| Forms, Labels, Transport Bags | Quantity |
|-------------------------------|----------|
| Biohazard Transport Bags | |
| Large Transport Bags | |
| Biopsy Container Labels | |
| Tissue Examination Form | |
| Pap Smear Requisition Form | |

| Specimen Collection Supplies | Quantity |
|--|----------|
| Small Specimen Containers (20 ml) - 10% Formalin | |
| Large Specimen Containers (40 ml) - 10% Formalin | |
| Michel's Media (Vial for Immunofluorescence) | |

| Cytology Supplies | Quantity |
|-------------------------|----------|
| Thin Prep Bottles | |
| Cytology Fixative Spray | |
| Paddles & Brushes | |

| Other Supplies | Quantity |
|---|----------|
| Slides | |
| Slide Holders | |
| Sed Fix - Gallon Container | |
| Cyto Rich Red Filled Containers (one size only) | |
| Eosin | |
| Empty Containers | |
| Tissue Marking Dye | |

Received by _____ on _____
 Person Receiving Supplies Date