

DRAFT



Twin Cities Dermatopathology

SUPPLY ORDER FORM

Upon completion fax this form to 763.525.0369 or toll free 877.525.0369

Today's Date: _____

Office Name: _____

Address: _____

Contact Name: _____ Phone: _____

Items	
_____	Formalin - filled vials, 7ml
_____	Formalin - filled vials, 20ml
_____	Formalin - filled vials, 40ml
_____	Formalin - filled vials, 60ml
_____	Specimen Vial Labels
_____	Immunofluorescence Kits
_____	Requisition Forms
_____	Biohazard Specimen Bags
_____	Postage-paid Shipping Boxes
_____	FedEx preprinted air bills
_____	FedEx - Diagnostic Paks

Other	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Please use this form to notify us of your supply requirements.
Note: Please allow 5 working days for supplies*