

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*