



1110 Pine Ridge Rd, Unit 306 • Naples FL 34108
Phone: 239-263-1777 • Fax: 239-263-6983

LABORATORY SUPPLY REQUEST FORM

CLIENT: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_
\_\_\_\_\_ REQUESTED BY: \_\_\_\_\_
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NPA Staff Use Only

ORDER TAKEN BY: \_\_\_\_\_ DATE PROMISED: \_\_\_\_\_ FILLED BY/DATE: \_\_\_\_\_

PATHOLOGY

- \_\_\_ BIOPSY REQUISITIONS
\_\_\_ EMA REQUISITIONS (Modernizing Medicine)
\_\_\_ 20 ML BIOPSY (FORMALIN) CONTAINERS
\_\_\_ 40 ML BIOPSY (FORMALIN) CONTAINERS
\_\_\_ 120 ML BIOPSY (FORMALIN) CONTAINERS
\_\_\_ 240 ML BIOPSY (FORMALIN) CONTAINERS
\_\_\_ 500 ML BIOPSY (FORMALIN) CONTAINERS
\_\_\_ FROZEN SECTION (SALINE) CONTAINERS
\_\_\_ DIF (MICHEL'S) TRANSPORT MEDIA CONTAINERS
\_\_\_ RPMI TRANSPORT MEDIA
\_\_\_ BREAST or GI FIXATION TIME LABELS
\_\_\_ 1 GALLON FORMALIN
\_\_\_ DRY KERATIN SPECIMEN BAGS
\_\_\_ SPECIMEN BIOHAZARD BAGS (choose size below)
6x9 / 8x10 / 12x15
\_\_\_ LARGE BIOPSY CONTAINERS - EMPTY (choose size below)
1 liter / 1 qt; 2 liter / 2 qt; 5.7 liter / 1.5 gal bucket

CYTOLOGY

- \_\_\_ CYTOLOGY REQUISITIONS
\_\_\_ PAP KITS (Conventional)
\_\_\_ PAP HOTLINE CARDS
\_\_\_ THINPREP SPECIMEN BOTTLES
\_\_\_ BRUSH / SPATULA
\_\_\_ PURPLE BROOMS
\_\_\_ ONESWAB® VIALS
\_\_\_ UROSWAB® VIALS
\_\_\_ SLIDES & SLIDE HOLDERS (non-Gyn specimens)
\_\_\_ CYTOLYT BOTTLES (non-Gyn specimens)

MISCELLANEOUS

- \_\_\_ SUPPLY REQUEST FORMS
\_\_\_ LOCKBOX
\_\_\_ SPECIMEN PICK UP LOG / COURIER MANIFEST
\_\_\_ OTHER \_\_\_\_\_