



For Supply Questions Call: (503) 814-5227, opt. 1
 Fax Complete Orders to: (503) 480-1853

SUPPLY REQUEST FORM

Please deliver to: _____ Phone: _____

Ordered by: _____ Order Date: _____ Date Filled: _____

*Note: Orders are filled within 24 hours of receipt and Delivered Monday-Friday

FORMS

- _____ Cytology Requisitions
- _____ Pathology Requisitions
- _____ Aurora Supply Request Form

CYTOLOGY SUPPLIES

- _____ Pap kit, Sure Path™ (1tray/25ea)
- _____ Sure Path™ Brushes/Spatula (1 pk/25 ea.)
- _____ Brooms, Blue Sure Path™ (1 pk/25 ea.)
- _____ Pap kit, Thin Prep® (1 tray/25 ea.)
- _____ Thin Prep® Brushes/Spatulas (1 pk/25 ea.)
- _____ Brooms, Purple Thin Prep® (1pk/25 ea.)
- _____ Slides (frosted on one end) (box)
- _____ Slide mailer, 5-slide plastic (ea.)
- _____ Tubes w/ CytoLyte solution 50ml(ea.)
- _____ Pap slide holders w/alcohol (EACH)
- _____ RPMI (must be refrigerated)
- _____ Afirma Thyroid FNA (ea.)

PATHOLOGY SUPPLIES

- _____ 1 oz. formalin in 30 ml container (1 tray/36 ea.)
- _____ 2 oz. formalin in 60 ml container (1 tray/25 ea.)
- _____ 4 oz. formalin in 120 ml container (1 tray/25 ea.)
- _____ Formalin bottles, 1 gallon
- _____ Formalin, 15 ml Container (Box)
- _____ Specimen container, 8 ounce
- _____ Specimen container, 16 ounce
- _____ Specimen container, 32 ounce
- _____ Specimen container, 1/2 gallon
- _____ Specimen container, 1 gallon
- _____ 4 oz. Sterile Cup (ea.)

BAGS

- Aurora Specimen Bags
- _____ Quart (pk)
- _____ Gallon (pk)

OTHER:

Send completed form with courier or fax to : 503-561-2593

Provision of Supplies and Equipment

It is our policy to provide supplies and equipment directly related to the services we provide for our clients. Services and supplies to be used by clients for other purposes will either be billed at fair market value or we will provide a referral to a high quality independent vendor.