



816-241-3338

Supplies Reorder Form

Client Name _____ Client # _____

Ordered by _____ Date _____

Phone Number _____ Route _____

PLEASE ALLOW 72 HOURS FOR DELIVERY

Quantity Ordered	Item Description	Quantity Filled
	½ oz. (20 ml) Tissue Container – prefilled 24/box	bx
	1 oz. (40 ml) Tissue Container – prefilled 24/box	bx
	2 oz. Tissue Container – prefilled 24/box	bx
	4 oz. Tissue Container – prefilled 24/box	bx
	Michels Solution	ea
	Cytolyte Solution	ea
	Pap Holders - Cardboards	ea
	Pap Slides – Frosted End	ea
	Fixative Spray – 8 oz. Bottle	ea
	Specimen Bags – Small, Medium, Large Sizes	ea
	ThinPrep Containers 25 / tray	ea
	ThinPrep – Cytology Brushes & Spatulas 25 / bag	ea
	ThinPrep – Cytology Brooms 25 / bag	ea
	MAWD Cytology Requisitions (aqua print) 2-ply	ea
	MAWD Tissue Pathology Requisitions (lavender print) 2-ply	ea
	MAWD Dermatopathology Requisitions (blue print) 2-ply	ea
	MAWD Cytology/Tissue Requisitions (back to back) 1-ply	ea

Other _____

Date Order Filled _____ By _____