



9705 Lenexa Drive
 Lenexa, KS 66215
 Phone: (816) 241-3338
 Fax: (913) 495-9759

Urology Supply Order Form

Client Name: _____

Client #: _____

Address: _____

Phone: _____

Ordered By: _____

Date: _____

Email: _____

PLEASE ALLOW 72 HOURS FOR DELIVERY

Quantity Ordered	Item Description	Unit of Measure	Quantity Filled
	1/2 oz (15mL) Tissue Container – prefilled	24/Box	
	1 oz (40mL) Tissue Container – prefilled	24/Box	
	2 oz (60mL) Tissue Container – prefilled	24/Box	
	4 oz (120mL) Tissue Container – prefilled	24/Box	
	Michels Solution	Individual	
	Cytolyt Solution	25/Tray	
	RPMI Media	Individual	
	95% Ethanol Fixative - Slide Transport Tubes	Individual	
	Pap Holders – Cardboards	10	
	8 oz Tissue Containers - empty	Individual	
	16 oz Tissue Containers - empty	Individual	
	32 oz Tissue Containers - empty	Individual	
	64 oz Tissue Containers - empty	Individual	
	92 oz Tissue Containers - empty	Individual	
	128 oz Tissue Containers - empty	Individual	
	165 oz Tissue Containers - empty	Individual	
	Prostate Kit (14 part)	10/Box	
	Formalin 5 Gallon Cubes	Individual	
	Formalin Labels	30/Page	
	Specimen Bags – Small, Medium, Large Sizes	25/50/100/Other	
	MAWD Comb Cyto/Pathology Requisitions (Green Print)	25/50/100/Other	
	MAWD Tissue Pathology Requisitions (Lavender Print)	25/50/100/Other	
	MAWD Non-Gyn Requisitions (Dark Purple Print)	25/50/100/Other	

**Please fax supply order form to (913) 495-9759.
 Thank you!**

Other: _____

Date Order Filled: _____

By: _____