



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

## Women's Health 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 (20mL) Tissue Container – prefilled	24/Box	
	1 oz (40mL) Tissue Container – prefilled	24/Box	
	2 oz (60mL) Tissue Container – prefilled	24/Box	
	ThinPrep Containers	25/Tray	
	ThinPrep – Cytology Brushes & Spatulas	25/Bag	
	ThinPrep – Cytology Brooms	25/Bag	
	SurePath Containers	25/Tray	
	SurePath – Cytology Brushes & Spatulas	25/Bag	
	SurePath – Cytology Brooms	25/Bag	
	BD Max – Single Swabs for BV, Candida, Trich, CT/NG, HSV I&II	10/Box	
	Group B Strep – Single Swab	10/Box	
	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 Women's Health Requisitions (Blue Print)	25/50/100/Other	

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

**Other:**

**Date Order Filled:** \_\_\_\_\_ **By:** \_\_\_\_\_