



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

Hospital Supplies Order Form

Client Name: _____ Client # _____

Ordered by: _____ Date: _____

Phone Number: _____

PLEASE ALLOW 72 HOURS FOR DELIVERY

Quantity Ordered	Item Description	Quantity Filled
	½ oz. (20ml) 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
	Formalin 5 Gallon Cubes	Individual
	Formalin Labels	30 per 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: _____