

Client Supply Order Form

Email completed form to ClientServices@InformDx.com or fax to 866.688.3280



CLIENT INFORMATION

Practice/Organization Name _____

Account # _____ Date _____

Phone _____ Fax _____

Ship to the Attention of _____ Order Contact _____

Street Address _____

City _____ State _____ Zip _____

REQUESTED SUPPLIES

Lab Supplies	Unit of Measure	Quantity to Ship	Office Use
Prefilled NBF, 20 ml	96/case		
Prefilled NBF, 40 ml	96/case		
Prefilled NBF, 60 ml	96/case		
Prefilled NBF, 120 ml	96/case		
Biopsy pads	1000/pack		
Slide holder containers	10/pack		
Slides	50/box		
Cytology vials	10/pack		
Requisitions—circle type: (Breast, General, GI, Derm, Urology)	100/pack		
Interface Requisition Paper	50/pack		
Biohazard transport bags (6x9)	100/pack		
Biohazard transport bags (8x10)	50/pack		
Prostate Biopsy Kit 16 Cassettes	1 kit		
Prostate Biopsy Kit 8 Vials	1 kit		
Prostate Biopsy Kit 12 Vials	1 kit		
Prostate Biopsy Kit 16 Vials	1 kit		
Biopsy Kit 2 Vials	1 kit		
Stone Kit	1 kit		
Cytology Kit (FNA & Esophageal Kit)	1 kit		
Michel's Media 3 vials	1 kit		
DIF Kit (Coppell Clients only)	1 kit		
Urine Cytology UroVysion FISH Collection Kit	1 kit		

Shipping Supplies	Unit of Measure	Quantity to Ship	Office Use
Small lab boxes	20/case		
Medium lab boxes	20/case		
Large lab boxes	20/case		
Lab Pak bags	50/pack		

Dymo Labels

Unit of Measure	Quantity
2 rolls/700 labels per box	

Other Supplies (please list)

1. _____
2. _____
3. _____

Special Notes:

INTERNAL USE

Received Name _____ Date _____