



Supply Request Form

Pennsylvania Specialty Pathology
 2301 Harrisburg Pike, Suite 201
 Lancaster, PA 17601
 Fax 717-393-7328

Date _____

Client Name _____

Submitted By _____

(Circle all that Apply and List Quantity)

Requisition/Forms	Quantity	Pathology Supplies	Quantity
Clinical Requisition / Specimen Log		165 oz Containers	
Medicare ABN		Prefilled Formalin	
Surg Path/ GYN Cyto		10 mL Container Each	
Surg Path/ Non-GYN Cyto		Box/24	
Specimen Supplies		20 mL Container Each	
Transport Bags 6x9 Each		Box/24	
Pack/100		40 mL Container Each	
STAT Transport Bags Each		Box/24	
Pack/100		60 mL Container Each	
Urine Containers		Box/24	
Urinalysis Only		90 mL Container Each	
Urinalysis + Culture		Box/24	
		120 mL Container Each	
		Box/24	
		240 mL Container Each	
		VIP Fixative 960 mL	
		Cytology Supplies	
		Thin Prep Vials Tray/25	
		Box/250	
		Spatula and Brush Sets Bag/25	
		Purple Brooms Bag/25	
		Transport Media	
		BBL Aerobic Culture Swab Each	
		e-Swab Blue (Nares) Each	
		e-Swab Green (Ear) Each	
		e-Swab White Anaer/Aer Each	
		AptimaGenProbe Each	
		Universal Viral Transport Each	

Other Supplies _____