



PMS Supply Request

Fax Order to 402-465-1940

| | | |
|---------|------------|-------------|
| Acct #: | Acct Name: | Ordered By: |
| Date: | Address: | Phone #: |

| Bx/Pk | Each | Description |
|----------------------------------|------|-------------------------------------|
| Printing Supplies / Forms | | |
| | | Histology/Non-GYN Req |
| | | Specimen Log Book |
| Transport Bags | | |
| | | Clear, 6x9 |
| | | Clear, 9x12 |
| | | Clear, 16x16 |
| Miscellaneous | | |
| | | 2 Slide Cardboard Protector |
| | | 20 Slide Protector |
| | | 5 Slide Plastic Protector |
| | | Snowcoat Slide Box (100 slides/box) |
| Transport Containers | | |
| | | 40mL w/ Formalin (30/box) |
| | | 60mL w/ Formalin (30/box) |
| | | 90mL w/ Formalin (30/box) |
| | | 8oz Container |
| | | 16oz Container |
| | | 32oz Container |
| | | 64oz Container |
| | | 86oz Container |
| | | 172oz Container |
| | | 1 gal Formalin (4/box) |
| | | CytoLyt (30mL centrifuge tube) |

Other Items:

| Bx/Pk | Each | Description |
|-------|------|-------------|
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