

FLINT MEDICAL LABORATORY

LABORATORY SUPPLY ORDER FORM • Please fax to : 810.733.8898

Today's Date _____
 Practice name _____
 Contact Name _____
 Phone Number _____

Forms, Labels, Transport Bags	Quantity
Biohazard Transport Bags	
Large Transport Bags	
Biopsy Container Labels	
Tissue Examination Form	
Pap Smear Requisition Form	

Specimen Collection Supplies	Quantity
Small Specimen Containers (20 ml) - 10% Formalin	
Large Specimen Containers (40 ml) - 10% Formalin	
Michel's Media (Vial for Immunofluorescence)	

Cytology Supplies	Quantity
Thin Prep Bottles	
Cytology Fixative Spray	
Paddles & Brushes	

Other Supplies	Quantity
Slides	
Slide Holders	
Sed Fix - Gallon Container	
Cyto Rich Red Filled Containers (one size only)	
Eosin	
Empty Containers	
Tissue Marking Dye	

Received by _____ on _____
 Person Receiving Supplies Date