

Lab Supply Order Form

ACCOUNT INFORMATION

SITE / ACCOUNT NUMBER

PHYSICIAN NAME*

ADDRESS*

SUITE/OFFICE NO

ADDRESS

CITY*

STATE/PROVINCE*

POSTAL CODE*

PHONE*

EMAIL*

*required

SPECIMEN PACKING SUPPLIES

Biohazard Medium Bag – 6 x 9 inch <i>Pack of 50 (order in packs)</i>	
Dry Keratin Specimen Bag <i>Pack of 50 (order in packs)</i>	
Empty Specimen Transport Box <i>2 Vial</i>	
Empty Specimen Transport Box <i>6 Vial</i>	
Transport Box Insert For Vials <i>2 Vial</i>	
Transport Box Insert For Vials <i>6 Vial</i>	
20 mL Vials– EMPTY <i>Pack of 25</i>	
60 mL Sterile Vials – EMPTY <i>each</i>	
Formalin Vials - 20 mL <i>Pack of 48</i>	
Collection / Transport Kit <i>2 Vial: Includes 2 20 mL formalin containers, dry keratin bag, 6 x 6 biohazard bag</i>	
Collection / Transport Kit <i>6 Vial: Includes 2 20 mL formalin containers, dry keratin bag, 6 x 6 biohazard bag</i>	
Epidermal Nerve Fiber Density Testing Kit – Single Biopsy Location	
Epidermal Nerve Fiber Density Testing Kit – Dual Biopsy Locations	
Epidermal Nerve Fiber Density DVD and Instructional Video	
Aspiration Biopsy Kit – ETOH / Dehydrated Alcohol <i>2 Vial</i>	
eSwabs <i>Order Individually, Include swab letter</i>	
Nail Unit / Keratin Analysis Kit <i>Contains 5 USPS Prepaid Mailers, 5 Dry Keratin Requisitions, 5 Dry Keratin Biohazard Bags</i>	

SPECIMEN TRANSPORT SUPPLIES

FedEx Clinical Pak <i>Mailing bag, each</i>	
FedEx Prepaid Airbills <i>Each</i>	
UPS Clinical Pak <i>Mailing bag, each</i>	
UPS Prepaid Airbills <i>Each</i>	
United States Postal Service Prepaid Dry Keratin Mailer <i>USPS Mailers are to be used for routine dry keratin specimens, each</i>	

FORMS

Podiatry Requisition Form	
Dry Keratin Requisition Form	
ENFD Requisition Form	
Surgery Center & Family Practice Requisition Form	
Dermatology Requisition Form	
Supply Order Forms	
Specimen Vial Labels <i>(28 per sheet)</i>	