

Supply Order Form

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UniPath[™]
Pathology at the Next Level

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CLINICIAN INFORMATION

Practice/Clinician: _____ Contact Name: _____
Address: _____ Contact Number: _____
City/State/Zip: _____ Date Ordered: _____

UNIPATH REQUISITIONS (Please Indicate Quantity)

Breast: _____ Dermatopathology: _____ Hematopathology: _____ Nephropathology: _____
Cytology/Histology: _____ Tissue: _____ Flow Cytometry: _____ Urology: _____
Tissue & Cytology: _____ FNA: _____

UNIPATH PREMIUM TEST KITS (Please Indicate Quantity)

Diagnostic Boxes: _____ Prostate Pathology: _____ UroVysion: _____ Bone Marrow/Periph.Blood: _____

UNIPATH SPECIMEN HANDLING (Please Indicate Quantity)

Specimen Bags (100/package): _____ GBS Transport Cylinder: _____ FedEx Bags w/Shipping Boxes: _____

FORMALIN CONTAINERS (Please Indicate Quantity - 32 per box, 256 per case)

20mL: _____ 40mL: _____ 60mL: _____ 20mL (empty): _____

FNA AND BONE MARROW SUPPLIES (Please Indicate Quantity)

Green Top Tubes (100/tray): _____ Frosted End (72/box): _____ B+ Fixative-20mL (32/box): _____
Purple Top Tubes (100/tray): _____ Plastic - 5 slide holders (25 each): _____ Cytolyt Fixative-30mL (20 each): _____
Yellow Top Tubes (100/tray): _____ Cardboard - 2 slide holders: _____

MOLECULAR TESTING (Please Indicate Quantity)

UniSwab - Pack of 25: _____ Pack of 10: _____ Pack of 5: _____
GBS by UniPath (individual): _____ Urine Preservative Transport Kit (10/pack): _____

SUREPATH/THINPREP (Please Select Method and Indicate Quantity)

SurePath

Fixative Vials (25/tray): _____

CytoBrooms (25/bag): _____

Purple CytoBrushes and Clear Spatulas* (25 each/bag): _____

**(Packaged together, cannot be ordered separately)*

White Handle CytoBrushes Only (100/bag): _____

CombiBrooms (25/bag): _____

ThinPrep

Fixative Vials (25/tray): _____

CytoBrooms (25/bag): _____

Purple CytoBrushes and Clear Spatulas* (25 each/bag): _____

**(Packaged together, cannot be ordered separately)*

White CytoBrushes Only (100/bag): _____

ADDITIONAL REQUESTS