

## **RABKIN DERMATOPATHOLOGY SUPPLY REQUEST**

You can always call if you need supplies, but if you would find it more convenient to do so, you can **either fax this form to us at 412-968-5673 or include it with your next shipment of specimens.** Your order will be filled and shipped to you, in most cases, the same day it is received.

Date: \_\_\_\_\_

Name of physician or group: \_\_\_\_\_

Office Location: \_\_\_\_\_

Name of person requesting supplies: \_\_\_\_\_

### **Please check the items that you need and the amounts:**

|  | <b>Amount</b> |
|--|---------------|
| _____ Pre-addressed shipping boxes and bags  | _____         |
| _____ Box of 32 small formalin specimen containers<br>(includes 4 strips of specimen container labels per box) | _____         |
| _____ Packs of 3 large (10 % Formalin) specimen containers   | _____         |
| _____ Biohazard bags (50 bags/pack)  | _____         |
| _____ Packs of 50 request slips-<br>"Request for Dermatopathology Services"                                    | _____         |
| _____ Packs of 50 patient billing information cards  | _____         |
| _____ RDL Waterproof ink pens  | _____         |
| _____ Direct IF bottles (Michel's medium pks of 5)   | _____         |
| _____ Supply request forms   | _____         |

Any notes or special requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Rabkin Dermatopathology Laboratory use:

Who received request: \_\_\_\_\_

Who packed and shipped supplies: \_\_\_\_\_ When were supplies shipped: \_\_\_\_\_