

Precision Pathology Laboratory Services

Client Supply Order Form

Date: _____

Time: _____

Requestor Name: _____

Client Name: _____

Department/Address: _____

Requisitions/ Paperwork

_____ Surgical _____ Sexual Health
_____ GI _____ Heme
_____ Microbiology _____ Hospital
_____ Specimen Log Sheets

Surgical Tissue Fixatives

_____ RPMI Fixative _____ exp. date

Pre-filled Formalin

_____ 20s _____ 40s
_____ 60s _____ 120s
_____ 5gal

Non-Gyn Cytology

_____ Saccomanno* (120 mL)
_____ Reagent Alcohol (For Gout/Urine Cytology)
_____ Cardboard slide holders

Microbiology

_____ Double COPAN Swabs with Gel
_____ Sterile Container
_____ Viral Transport Media _____ exp date

Transport Containers

_____ 8oz _____ 16oz _____ 32oz
_____ 86oz _____ 128oz (placenta)
_____ 172oz
_____ Lockbox W/Keys – Keys only
_____ Parafilm (2")

Collection Kits

_____ Bone Marrow
_____ Small Transport
_____ CyPath™ Lung Kit

Specimen Bags

_____ 6x9 (standard size)
_____ 8x10 (ideal for 16oz and 32oz containers)
_____ 12x15 (standard large size)

Molecular/STI

_____ Cobas Media Dual Swab _____ exp. date
_____ Cobas Urine Sample Packet _____ exp. date
_____ COPAN E-swabs (GBS)

Gyn Cytology

_____ ThinPrep Vials (white)
_____ ThinPrep Brushes/Spatulas
_____ ThinPrep Brooms

Extras:

PPLS lab use only

Date sent: _____ Initials: _____ QC: _____

Please FAX to CLIENT SERVICES at 210-646-9191
Supply orders will be delivered or shipped within two business days.

REV.5/21/2025