



## Supply Order Form

E-mail to [shipping@gopathdx.com](mailto:shipping@gopathdx.com)

Fax to GoPath Laboratories [224-588-9941](tel:224-588-9941)

Practice Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Date Supplies Needed by: \_\_\_\_\_

Additional Notes \_\_\_\_\_

Qty	HISTOLOGY	Qty	SHIPPING
	Biopsy Kit 2 Vials		Specimen Pak
	Biopsy Kit 6 Vials		Air bills – FEDEX
	Biopsy Kit 12 Vials		Saturday Air bills FedEx <b>For Blood/Bone Marrow only</b>
	Vials of Formalin –ea. 20 ml		
	Empty Kits – select size:		<b>REQUISITIONS</b>
	2 Vial ____ 6 Vial ____ 12 Vial ____		<b>Preprinted</b>
			GI & Liver Pathology <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
			GU Pathology <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	<b>URINE</b>		DermPath <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	Cytology/FISH Kits		Solid Tumor <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	Empty Cytology/FISH Kits		Anti-body <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	CytoFixative - PreservCyt		Immuno Histo Chemistry <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	Urine Cups (Sterile) -ea.		Hematopathology <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
	PCA 3 Kits -ea.		<b>OTHER</b>
			Freezer/Cool Pack
	<b>MOLECULAR</b>		Biohazard Bags- 100/pk SM ____ Med ____ LG ____
	Hematopathology Kit		
	Hematopathology/Peripheral Blood Canister		Specialty Kits:
	Molecular/Solid Tumor Kit		
	BRAC1/BRAC 2 Kit		