



Supply Order Form

E-mail to Fulfillment: shipping@gopathlabs.com

or Fax @ 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 | | <input type="checkbox"/> Specimen Pak <input type="checkbox"/> SDC Pak |
| | Biopsy Kit 6 Vials | | Air bills -- FEDEX |
| | Biopsy Kit 12 Vials | | Saturday Air bills FedEx For Blood/Bone Marrow Only |
| | Vials of Formalin -- ea. 20 ml | | |
| | Empty Kits -- select size: | | REQUISITIONS |
| | 2 Vial ____ 6 Vial ____ 12 Vial ____ | | Preprinted |
| | <input type="checkbox"/> Prostate Cassette Kits <input type="checkbox"/> Knowerror | | Anatomic Pathology Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | Clinical Pathology Y <input type="checkbox"/> N <input type="checkbox"/> |
| | URINE | | DermPath Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Cytology/FISH Kits | | Molecular Solid Tumor Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Empty Cytology/FISH Kits | | IHC Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | Hematopathology Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Urine Cups (Sterile) -ea. | | |
| | PCA 3 Kits -ea. | | |
| | | | OTHER |
| | MOLECULAR | | Freezer/Cool Pack |
| | Hematopathology Kit | | Biohazard Bags - 100/pk SM__ Med__ LG__ |
| | Hematopathology/Peripheral Blood Canister | | |
| | Molecular/Solid Tumor Kit | | Specialty Kits NOT Listed Above: |
| | GPP Kits | | |
| | BRCA/LYNCH | | |