

Department of Pathology and Laboratory Medicine Supply Order Form

Fax to (585) 295-9622 or call Client Services (585) 350-2600 option 3 or toll-free (800)747-4769

Practice & Provider Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Contact name:

Date ordered:_____

Date filled: _____

Revised: 12/3/13

PLEASE WRITE IN QUANTITY:

EA = EACH

BX = BOX

CS = CASE

PK = PACKAGE

[illegible]

OTHER

Department of Pathology and Laboratory Medicine Supply Order Form Requisition side

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Please note: For requisition and printed items, please allow 5-7 business days for delivery of imprinted requisitions.

2-Sided Document

COURIER:

DATE: _____