Supply Order Form

Requesting physician’s office:  
Address:  
Phone:  

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small:</td>
<td></td>
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<tr>
<td>1 box of small (20ml Formalin) specimen bottles.</td>
<td></td>
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<tr>
<td>100 per box</td>
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<tr>
<td>Large:</td>
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<tr>
<td>1 box of large (60ml Formalin) specimen bottles.</td>
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<tr>
<td>50 per box</td>
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<tr>
<td>Mixed:</td>
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<tr>
<td>Shipped with 100 (20ml Formalin) specimen bottles and 50 large (60ml Formalin) specimen bottles.</td>
<td></td>
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<tr>
<td>Michel's Fixative:</td>
<td></td>
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<tr>
<td>Shipped with 12 Michel's fixative bottles (20 mlMichel's) for direct immunofluorescence in 12 mailing containers per carton.</td>
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<tr>
<td>Biohazard Bags:</td>
<td></td>
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<tr>
<td>Shipped 50 to a roll. May be used in place of mailing containers if specimen is shipped other than via mail.</td>
<td></td>
</tr>
</tbody>
</table>

Requisition Forms: Sm Mailing Containers: Lg Mailing Containers:  

Other:  
(Please indicate quantity of each item requested)

Please fax your completed form to Yale DermPath at 203-785-7234