

# Supply Order Form

Submit completed form to [support@salariskinpath.com](mailto:support@salariskinpath.com)



## PRACTICE INFORMATION

Practice/Organization Name		
Account #	Date	
Phone	Fax	
Ship to the Attention of	Order contact	
Street Address		
City	State	Zip

## REQUESTED SUPPLIES

Lab Supplies	Unit of Measure	Quantity to Ship	Office Use	Shipping Supplies	Unit of Measure	Quantity to Ship	Office Use
Prefilled NBF, 20 ml	96/case			Small UPS lab boxes	20/case		
Prefilled NBF, 40 ml	96/case			Medium UPS lab boxes	20/case		
Prefilled NBF, 60 ml	96/case			Large UPS lab boxes	20/case		
Prefilled NBF, 120 ml	96/case			Lab Pak bags	50/case		
Biopsy pads	1000/pack			UPS shipping labels	20/pack		
Slide holder containers	10/pack						
Requisitions—(Derm)	100/pack						
Interface Requisition Paper	50/pack						
Biohazard transport bags (6x9)	100/pack						
Biohazard transport bags (8x10)	50/pack						
Michel's Media 3 vials	1 kit						

**Dymo Labels**

Unit of Measure	Quantity
2 rolls/700 labels per box	

**Other Supplies (please list)**

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**Special Notes:**

**Pathology Billing Information Slips**

Unit of Measure	Quantity to Ship	Office Use
50-page slip		

## INTERNAL USE

Received Name	Date
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