Arkansas Pathology Associates P.A.
1000 North University Avenue
Little Rock, Arkansas 72207
Phone: (501) 663-4116
Fax: (501) 663-4301
Internet: www.pathassociates.com

# SUPPLY ORDER FORM

V-2506

Physician's / Clinic Name:

Date Ordered: _____

Ordered By: _____

☐ Order Fulfilled

Initial: _____

Date: _____

**PLEASE GIVE THIS FORM TO THE APA COURIER OR YOU MAY FAX IT TO 501-663-4301**

## CYTOLOGY: Thin Prep PAP

| ITEM | QUANTITY |
|---|---|
| ☐ ThinPrep Vials — PreservCyt (pkg of 25) | _____ Package(s) |
| ☐ Cervical / Endocervical Brushes / Scrapers (pkg of 25) | _____ Package(s) |
| ☐ Cervical / Endocervical Brooms — Wallach Pipette (pkg of 25) | _____ Package(s) |
| NOTES: _____ | |

## MOLECULAR TESTING

| ITEM | QUANTITY |
|---|---|
| ☐ CT/NG \| TV/MG PCR Media Dual Swab Sample Packet (Yellow Top) | _____ Amount |
| ☐ CT/NG \| TV/MG PCR Urine Sample Packet (Yellow Top) | _____ Amount |
| NOTES: _____ | |

## NON — GYN

| ITEM | QUANTITY |
|---|---|
| ☐ Cytolyt Solution (30ml) — 50 Count Case | _____ Cups |
| NOTES: _____ | _____ Case |

## MISCELLANEOUS / OTHER

| ITEM | QUANTITY |
|---|---|
| ☐ Specimen Transport Bags (pkg 25) | _____ Package(s) |
| ☐ APA Requisition Forms | _____ Amount |
| SURGICAL PATHOLOGY — Pre-Filled Formalin: ☐ 20ml — 24 Count Box | _____ Amount |
| ☐ 40ml — ☐ Individual or ☐ 24 Count Box | _____ Amount |
| ☐ 120ml — ☐ Individual or ☐ 24 Count Box | _____ Amount |
| ☐ 500ml — 6 Count Box | _____ Amount |
| ☐ PROSTATE BIOPSY KITS | _____ Amount |
| ☐ BONE MARROW KITS | _____ Amount |
| RPMI ☐ 10ml | _____ Amount |
| ☐ 20ml | _____ Amount |
| NOTES / OTHER: _____ | |
| _____ | |