

Phone: 855-644-3376 or 617-658-9300

Email: mydermpath@partners.org

FAX: 617-658-9399

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SUPPLY ORDER FORM

Practice Name: _____

Physician Name: _____

Telephone Number: _____

	ITEMS	QUANTITIES
<input type="checkbox"/>	Formalin Specimen Containers, (Shipped in pack of 64)	
<input type="checkbox"/>	Requisition Forms (Shipped in pack of 100)	
<input type="checkbox"/>	Michel's Fixative Immunofluorescence Media (Specify # of Bottles)	
<input type="checkbox"/>	Biohazard Specimen Bags, (6 X 9, Shipped in packs of 100)	
<input type="checkbox"/>	FedEx Pre-printed Airbills	
<input type="checkbox"/>	FedEx Shipping Materials <input type="checkbox"/> Small box <input type="checkbox"/> Large box <input type="checkbox"/> Padded Paks	
<input type="checkbox"/>	Other: _____ _____	