



Supply and Re-order Form (Page 1 of 6)

URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results)
 through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____

MOLECULAR PATHOLOGY

	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		10/Box ----- Each		BD Affirm™ VPIII Microbial Identification Test	Vaginitis Screening
		Each		Gen-Probe™ Aptima® Swab Transport Media	Anal/Rectal GC/CT
		Each	1.0 mL	RNA preservative vial w/ 50 mL conical tube	ThyGenX™ Thyroid – Interpace Diagnostics (Validated to identify malignant nodules)
		Each	1.0 mL	RNA preservative vial w/ 50 mL conical tube	Afirma® – Veracyte – Thyroid FNA Analysis (Validated to identify benign nodules)
		Each		Therapak® -urine specimen preservative and collection beaker	Bladder Cancer (FISH)

HISTOLOGY (SURGICALS)

	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		24/Box	20 mL with 10 mL formalin	Formalin 10% buffered	Tissue biopsies
		24/Box	40 mL with 20 mL formalin	Formalin 10% buffered	Tissue biopsies



Supply and Re-order Form (Page 2 of 6)

URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results)
 through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____



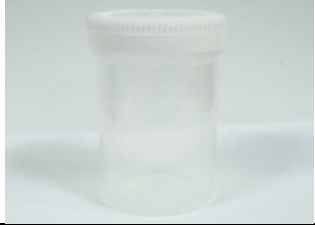


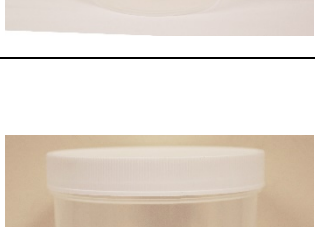
		24/Box	60 mL with 30 mL formalin	Formalin 10% buffered	Tissue biopsies
		24/Box	120 mL with 60 mL formalin	Formalin 10% buffered	Tissue biopsies
		24/Box	360 mL with 180 mL formalin	Formalin 10% buffered	Tissue biopsies
		24/Box	480 mL with 240 mL formalin	Formalin 10% buffered	Tissue biopsies
		12/Box	960 mL with 450 mL formalin	Formalin 10% buffered	Tissue biopsies
		Each	40 mL	<u>Empty</u> Formalin (vial)	Tissue biopsies



Supply and Re-order Form (Page 3 of 6)

URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results)
 through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____



		Each	60 mL	<u>Empty</u> Formalin (vial)	Tissue biopsies
		Each	120 mL	<u>Empty</u> Formalin (vial)	Tissue biopsies
		50/Case	180 mL	<u>Empty</u> Formalin (container)	Tissue biopsies
		24/Box	360 mL	<u>Empty</u> Formalin (container)	Tissue biopsies
		24/Box	480 mL	<u>Empty</u> Formalin (container)	Tissue biopsies
		12/Case	960 mL	<u>Empty</u> Formalin (container)	Tissue biopsies





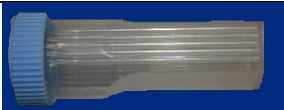




Supply and Re-order Form (Page 4 of 6)

URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results)
 through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____

	Each	86 oz	<u>Empty</u> Formalin (container)	Tissue biopsies
	25/Case			
	Each	190 oz	<u>Empty</u> Formalin (container)	Tissue biopsies
	10/Case			

NON-GYN CYTOLOGY (e.g. FNAs)

	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		Each	30 mL	CytoLyt Fixative	Needle Cytology, Fine needle aspirates (FNA), needle rinsings
		Each	4 slide capacity	Non-Gyn Slide Fixative Jar (Pre-filled with denatured alcohol)	Fine needle aspirate (FNA) slides
		Each	4 slide capacity	Empty slide transport containers (No fixative)	Peripheral blood smears, transport of slides for consultation
		144 Slides/box		Slides, Frosted End	Fine needle aspirates (FNA), peripheral blood smears
		Each		Prostate Kit (formalin vials)	Barcoded requisition, formalin filled specimen vials and transport box
		Each		Prostate Kit (cassettes)	Barcoded requisition, barcoded cassettes with sponges, formalin cassette transport vial and transport box
		Each		PreserveCyte Vial and Dacron Swab	Anal Pap Test




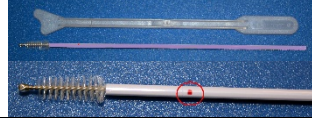



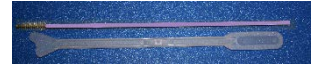





Supply and Re-order Form (Page 5 of 6)


URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results)
 through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____

GYNECOLOGICAL CYTOLOGY (e.g. Paps)

	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		25/Flat	10 mL	SurePath™ Pap Vials	Liquid Pap Test
		25/Pkg		SurePath™ Cervical Brooms	Liquid Pap Test
		25/Pkg		SurePath™ Combi Brooms	Liquid Pap Test
		25/Pkg		SurePath™ Brush/Spatula (With pre-scored tips)	Liquid Pap Test
		50/Pkg		Puritan® EndoCervex-Brush	Liquid Pap Test
		25/Flat	20 mL	ThinPrep™ Pap Vials	Liquid Pap Test
		25/Pkg		ThinPrep™ Broom	Liquid Pap Test
		25/Pkg		ThinPrep™ Brush/Spatula	Liquid Pap Test
		Each		Conventional Pap Kits	Liquid Pap Test
		Each	4 oz	Cytology Spray Fixative Pump	Conventional Pap Test
		Each		Aptima White Vial Swab Collection	Unisex Swab for vaginitis and GC/CT
		50/Case			

MISC. SUPPLIES


	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		Each	4 mL	Sodium Heparin Tubes	Flow cytometry
		Each	2 mL	RPMI <i>(Keep refrigerated)</i>	Flow cytometry



Supply and Re-order Form (Page 6 of 6)

URGENT REQUESTS: please call: 1-866-236-8296, Submit via COURIER or FAX to: 1-866-721-9696
 Download forms at: www.cellnetix.com. You can also order supplies online (and view results) through www.labdox.com. Call 866-236-8296 if you would like an account set up.

Client Name _____ Address _____ Phone _____ Contact _____

		Each		Michel's Fixative	Skin immunofluorescence
---	--	------	--	-------------------	-------------------------

SUBMISSION SUPPLIES	QTY	UNITS	SIZE	DESCRIPTION	STANDARD USE EXAMPLES
		Each		Pathology Requisition Form	Specimen submission
		Each	6x9	Specimen Bag, Bio-hazard, Small	Specimen submission
		Each	12x15	Specimen Bag, Bio-hazard, Large	Specimen submission
		Each		Supply Order Forms also at: www.cellnetix.com	Order and Re-Order Supplies