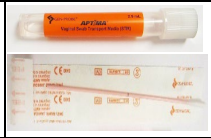
Supply and Reorder Form

URGENT REQUESTS: please call: 844-344-4209, Submit via COURIER or FAX to: 866-721-9696.

Download this form at: **www.cellnetix.com/supplies**

You can also order supplies online (and view results) on the **Atlas Client Portal**. Call 844-344-4209 if you would like an account set up.

Client Name_____**Address** _____**Phone** _____ **Contact** _____

	STOCK NO.	ITEM	ITEM DESCRIPTION	STANDARD USE EXAMPLES	UNITS AVAILABLE	SIZE	MINIMUM ORDER QUANTITY	SHELF LIFE	QTY REQUESTED
			MOLECULAR PATHOLOGY						
1	CSI00055		Hologic™ Aptima® Swab Transport Media (CellSwab)	Vaginal/Anal/Rectal GC/CT/Vaginitis Screening	50/Box; 1 Each		1 Each		_____ Each
2	CSI00072		RNA preservative vial	ThyroSeq® Thyroid FNA – CBLPath	30/Box; 1 Each	1.0 mL	1 Each		_____ Each
3	CSI00064		RNA preservative vial	Afirma® Thyroid FNA – Veracyte	24/Box; 1 Each	1.0 mL	1 Each		_____ Each
4	NI000783		Therapak® - urine specimen preservative/collection beaker	UroVysion-Bladder Cancer (FISH)	1 Each		1 Each		_____ Each
5	NI001281		Hologic™ Aptima® Urine Specimen Collection Kit	Urine specimens	50/Box; 1 Each		1 Each		_____ Each
			HISTOLOGY (SURGICALS)						
6	CSI00043		Formalin 10% buffered	Tissue biopsies	4 Boxes (24/Box)	20 mL/10 mL	4 Boxes	2025	_____ Boxes
7	IV000249		Formalin 10% buffered	Tissue biopsies	4 Boxes (24/Box)	40 mL/20 mL	4 Boxes	2025	_____ Boxes
8	CSI00044		Formalin 10% buffered	Tissue biopsies	4 Boxes (24/Box)	60 mL/30 mL	4 Boxes	2025	_____ Boxes

p 844-344-4209 f 866-721-9696 w www.cellnetix.com a 12501 E. Marginal Way S., Suite 200, Tukwila, WA 98168

Supply and Reorder Form

URGENT REQUESTS: please call: 844-344-4209, Submit via COURIER or FAX to: 866-721-9696.

Download this form at: **www.cellnetix.com/supplies**

You can also order supplies online (and view results) on the **Atlas Client Portal**. Call 844-344-4209 if you would like an account set up.

Client Name_____**Address** _____**Phone** _____ **Contact** _____

	STOCK NO.	ITEM	ITEM DESCRIPTION	STANDARD USE EXAMPLES	UNITS AVAILABLE	SIZE	MINIMUM ORDER QUANTITY	SHELF LIFE	QTY REQUESTED
9	CSI00046		Formalin 10% buffered	Tissue biopsies	4 Boxes (24/Box)	120 mL/60 mL	4 Boxes	2026	_____ Boxes
10	CSI00073		Formalin 10% buffered	Tissue biopsies	24/Case	180mL/90 mL	1 Case	2026	_____ Case(s)
11	IV000123		Formalin 10% buffered	Tissue biopsies	24/Case	360mL/180 mL	1 Case	2026	_____ Case(s)
12	CSI00039		Formalin 10% buffered	Tissue biopsies	6/Case	500mL/ 250 mL	1 Case	2025	_____ Case(s)
13	CSI00040		Formalin 10% buffered	Tissue biopsies	4/Case	1000mL/500mL	1 Case	2025	_____ Case(s)
14	CSI00023		Empty Formalin (vial)	Tissue biopsies	1 Box (384 vials) 1 Each	20 mL	1 Each		_____ Each _____ Box(es)
15	CSI00024		Empty Formalin (vial)	Tissue biopsies	1 Box (216 vials) 1 Each	40 mL	1 Each		_____ Each _____ Box(es)
16	CSI00025		Empty Formalin (vial)	Tissue biopsies	1 Box (50 vials) 1 Each	60 mL	1 Each		_____ Each _____ Box(es)
17	CSI00033		Empty Formalin (vial)	Tissue biopsies	1 Case (100 vials) 1 Each	120 mL	1 Each		_____ Each _____ Case(s)
18	CSI00038		Empty Formalin (container)	Tissue biopsies	50/Case	180 mL	1 Case		_____ Case(s)

p 844-344-4209 f 866-721-9696 w www.cellnetix.com a 12501 E. Marginal Way S., Suite 200, Tukwila, WA 98168

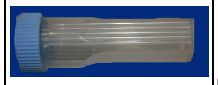
Supply and Reorder Form

URGENT REQUESTS: please call: 844-344-4209, Submit via COURIER or FAX to: 866-721-9696.

Download this form at: **www.cellnetix.com/supplies**

You can also order supplies online (and view results) on the **Atlas Client Portal**. Call 844-344-4209 if you would like an account set up.

Client Name_____**Address** _____**Phone** _____ **Contact** _____

	STOCK NO.	ITEM	ITEM DESCRIPTION	STANDARD USE EXAMPLES	UNITS AVAILABLE	SIZE	MINIMUM ORDER QUANTITY	SHELF LIFE	QTY REQUESTED
19	IV000122		Empty Formalin (container)	Tissue biopsies	24/Case	360 mL	1 Case		_____ Case(s)
20	CSI00017		Empty Formalin (container)	Tissue biopsies	24/Case	480 mL	1 Case		_____ Case(s)
21	CSI00018		Empty Formalin (container)	Tissue biopsies	12/Case	1000 mL	1 Case		_____ Case(s)
22	CSI00042		Empty Formalin (container)	Tissue biopsies	25/Case	86 oz	1 Case		_____ Case(s)
				NON-GYN CYTOLOGY (e.g. FNAs)					
23	CSI00020		CytoLyt® Fixative/Fine needle aspirates (FNA), needle rinsings	Needle Cytology, Urine Cytology	50/Case 25 Each	30 mL	25 each		_____ Each _____ Case(s)
24	CSI00026		Non-Gyn Slide Fixative Jar/(Pre-filled with denatured alcohol)	Fine needle aspirate (FNA) slides	4 Box/Case 1 Box		1 Box		_____ Box(es)
25	CSI00029		Empty slide transport containers (No fixative)	Peripheral blood smears, transport of slides for consultation	Each		1 Each		_____ Each
26	CSI00002		Superfrost	Superfrost Microscope Slides 75 X 25 mm	1 Box (72 slides/box)		1 Box		_____ Box(es)
27	NI000511		Prostate Kit (formalin vials)	Barcoded requisition, formalin filled specimen vials and transport box	1 Each		1 Each		_____ Each
28	CSI00059		Prostate Kit (cassettes)	Barcoded requisition,cassettes,sponges, formalin cassette transport vial and transport box	1 Each		1 Each		_____ Each

p 844-344-4209 f 866-721-9696 w www.cellnetix.com a 12501 E. Marginal Way S., Suite 200, Tukwila, WA 98168

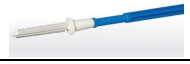
Supply and Reorder Form

URGENT REQUESTS: please call: 844-344-4209, Submit via COURIER or FAX to: 866-721-9696.

Download this form at: **www.cellnetix.com/supplies**

You can also order supplies online (and view results) on the **Atlas Client Portal**. Call 844-344-4209 if you would like an account set up.

Client Name_____**Address** _____**Phone** _____ **Contact** _____

	STOCK NO.	ITEM	ITEM DESCRIPTION	STANDARD USE EXAMPLES	UNITS AVAILABLE	SIZE	MINIMUM ORDER QUANTITY	SHELF LIFE	QTY REQUESTED
29	IV000248		Dry blue sponges	Foam Biopsy Pad	1 Pkg (500 pieces)		1 Pkg		_____ Pkg(s)
30	NI001129		PreserveCyt® Vial and Dacron Swab	Anal Pap Test	1 Each		1 Each		_____ Each
			GYNECOLOGICAL CYTOLOGY (e.g. Paps)						
31	CSI00012		Puritan® EndoCervex-Brush	Pap Test	1 Pkg (50 pieces)		1 Pkg		_____ Pkg(s)
32	CSI00021		ThinPrep™ Pap Vials	Liquid Pap Test	1 Case (10 Flats/Case; 25/ Per Fla)t	20 mL	10 Flats/Case	2026	_____ Flat(s)
33	CSI00008		ThinPrep™ Broom	Pap Test	25/Pkg		1 Pkg		_____ Pkg(s)
34	CSI00007		ThinPrep™ Brush/Spatula	Pap Test	25/Pkg		1 Pkg		_____ Pkg(s)
35	CSI00076		Evalyn Brush (Sterile)	HPV Self-Collect Test	100/case		1 Each		_____ Each _____ Case(s)
36	IV000358		Cytology Spray Fixative Pump	Conventional Pap Test	Each	4 oz	1 Each		_____ Each
			MISC. SUPPLIES						
37	CSI00034		Sodium Heparin Tubes	Flow cytometry	1 Flat	4 mL	1 Flat		_____ Flat(s)
38	CSI00028		RPMI *(Keep refrigerated)*	Flow cytometry	1 Each	2 mL	1 Each		_____ Each
39	CSI00027		Michel's Fixative	Skin immunofluorescence	1 Each		1 Each		_____ Each

p 844-344-4209 f 866-721-9696 w www.cellnetix.com a 12501 E. Marginal Way S., Suite 200, Tukwila, WA 98168

Supply and Reorder Form

URGENT REQUESTS: please call: 844-344-4209, Submit via COURIER or FAX to: 866-721-9696.

Download this form at: **www.cellnetix.com/supplies**

You can also order supplies online (and view results) on the **Atlas Client Portal**. Call 844-344-4209 if you would like an account set up.

Client Name_____**Address** _____**Phone** _____ **Contact** _____

	STOCK NO.	ITEM	ITEM DESCRIPTION	STANDARD USE EXAMPLES	UNITS AVAILABLE	SIZE	MINIMUM ORDER QUANTITY	SHELF LIFE	QTY REQUESTED
40	NI001196		Pathology Requisition Form (include requisition form needed below): _____	Specimen submission	1 Each		1 Each		_____ Each
41	CSI00015		Specimen Bag, Bio-hazard, Small	Specimen submission	100/pkg	6x9	1 Pkg		_____ Pkg(s)
42	CSI00014		Specimen Bag, Bio-hazard, Large	Specimen submission	100/pkg	12x15	1 Pkg		_____ Pkg(s)
43	IV000355		Specimen Bag, Pink, "BREAST CASES ONLY", Small	Breast core biopsy specimen submission	100/pkg	6x9	1 Pkg		_____ Pkg(s)
44	CSI00019		Supply Order Forms also at: www.cellnetix.com/supplies	Order and Re-Order Supplies	Each		Each		_____ Each

p 844-344-4209 f 866-721-9696 w www.cellnetix.com a 12501 E. Marginal Way S., Suite 200, Tukwila, WA 98168