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SUPPLY REQUEST FORM

Today's Date: _____ Address: _____
Office/Practice Name: _____ City/State/Zip: _____
Contact Name: _____ Phone/Ext.: _____

SPECIMEN COLLECTION	UNITS/PKG.	QUANTITY
Specimen Vial - 20ml - 10% NB Formalin	96/box	
Specimen Vial - 30ml - 10% NB Formalin	75/box	
Michel's Fixative - Immunofluorescence Media	Each	

FORMS AND TRANSPORT BAGS	UNITS/PKG.	QUANTITY
Biopsy Requisition Forms	50/Pack	
	100/Pack	
Biohazard Transport Bags	100/Pack	

Notes, Comments, Special Requests:

Delivered on: _____ By: _____ Received by: _____