



HILBRICH DERMATOPATHOLOGY LABORATORY

SUPPLY REQUEST FORM

From: Dr. _____

Supplies needed:

- **Specimen Bottles** (circle choice below)
 - Small (clear top, 5ml) – Medium (green top, 10ml) – Large (blue top, 30ml)
 - Extra Large (red top, 20ml) - Immunofluorescence bottles (one size only)
- **Biohazard Specimen Bags**
- **Bottle Labels**
- **Pre-printed Requisition Forms**
If more than one physician at your location, please specify Physician's name
- **Courier Bags**
- **UPS Shipping Bags**
- **UPS Pre-Printed Shipping Labels**

Please fax this form to 734/762-0530 or send it with your next shipment of specimens
Feel free to photocopy this form to replenish your supply