

One Cranberry Hill, Suite 303, Lexington, MA 02421 Phone: 800-325-7284 Fax: 617-252-6563

ORAL SUPPLIES ORDER FORM

Requestor:		Addı	ess:	
Date:				
Ooctor:				
ractice:		Tele	ohone:	
Please indic	ate the number of kits you would lil	ke to receive or se	lect individual it	ems from the list below.
PAIH	IOLOGY SUPPLIES			
	Item	Quantity		Comments
	ORAL KITS			
	REQUISITION FORMS			
	FORMALIN BOTTLES			
	LABELS FOR BOTTLES			
	MICHELS MEDIUM (FOR DIF)			
	BIO HAZARD BAGS			
TRAN	ISPORT SUPPLIES			
	Item	Quantity		Comments
	FEDEX AIRBILLS			
	FEDEX DIAGNOSTIC PAKS			
	SHIPPING BOXES			
OTHE	:D			
OTTIL	T			
	Item	Quantity		Comments

Send your completed form to Strata Pathology Services with your specimens, fax this form to 617-252-6563, or call 800-325-7284 to request supplies via phone and press option 3, then option 1.