



CLINICAL LABORATORY

oncoFISH SUPPLY ORDER FORM

CLIENT ID:

STREET:

CLIENT NAME:

CITY:

CONTACT NAME:

CONTACT PHONE:

CONTACT FAX:

CONTACT E-MAIL:

**FORMS**

oncoFISH REQUISITIONS (2ply)

**UNIT**

1 PK of 25

**QTY**

**TRANSPORT SUPPLIES**

SPECIMEN BAGS

**UNIT**

1 EA

**QTY**

LARGE ZIPLOK BAGS

1 EA

FED-EX CLINICAL PAK LARGE

1 EA

SPECIMEN LOCK BOXES

1 EA

**TEST SUPPLIES**

oncoFISH her2 SLIDES

**UNIT**

100/BOX

**QTY**

5 SLIDE MAILERS

1 EA

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