Brown & Associates
medical laboratories, L.L.P.

Telephone: 713/741-6677

Fax: 713/748-5860

Order Placed By: _____

Date: _____

FACILITY: _____

PATHOLOGY SUPPLIES ORDER FORM

PLEASE FAX REQUEST TO 713/748-5860. TRY TO GIVE 3 DAYS NOTICE IF POSSIBLE.

_____ Formalin
Qty: _____ 1.1 Gallon
Qty: _____ 5.5 Gallon

_____ Alcohol with 8oz Containers
(Crystals, Gout, Tophi, Gouty Arthritis & Cytology)

_____ Specimen Log Pages

_____ Requisitions Forms

_____ Specimen Bags –12” x 15½” – Qty: _____ (100 per Pack)

_____ Specimen Bags –12” x 15½” ***Draw String Closure*** – Qty: ___ (50Pk)

_____ Specimen Bags – 8” x 10” – Qty: _____ (100 per Pack)

_____ Specimen Bags – 6” x 9” – Qty: _____ (100 per Pack)

_____ 12-Part Prostate Biopsy Kits

_____ Specimen Containers – Large, Empty (Individual)
Qty: _____ 8 oz
Qty: _____ 16 oz
Qty: _____ 32 oz
Qty: _____ 64 oz
Qty: _____ 92 oz
Qty: _____ 128 oz
Qty: _____ 165 oz

_____ Specimen Containers – Small, Pre-Filled with Formalin (24 per Box)
Qty: _____ 20 ml
Qty: _____ 40 ml
Qty: _____ 60 ml
Qty: _____ 90 ml
Qty: _____ 120 ml

_____ Parafilm (to secure large containers)

Thank you,
Kevin Thibodeaux