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SUPPLY REQUEST FORM

FAX TO 415-209-6053

HISTOLOGY CLIENTS: FAX TO 415-898-3765

****THIS FORM CAN ALSO BE FOUND ONLINE AT MARINMEDICALLABS.COM****

Please order at least one week before intended use.

Contact Name: _____ Date: _____

Office Name: _____ Phone: _____

Address: _____

QTY	GYN CYTOLOGY	QTY	PATHOLOGY / HISTOLOGY
_____ PK	ThinPrep PreservCyt Vials (25/pack)	_____ CS	Formalin Bottles, 40ml (96/case)
_____ PK	Brushes with Spatulas (25/pack)	_____ EA	Formalin Bottles, 90ml (each)
_____ PK	Brooms (25/pack)	_____ BG	Formalin Vials, 7ml (100/bag)
_____ EA	APTIMA Urine Collection Kit (each)	_____ RL	Derm Bottle Labels (1000/roll)
_____ EA	APTIMA Unisex Swab Kit (each)	_____ RL	Small Derm Vial Labels (500/roll)
_____ EA	APTIMA Vaginal Swab Kit (each)	_____	Other: _____

QTY	NON-GYN / FNA CYTOLOGY	QTY	GENERAL SUPPLIES
_____ EA	Non-Gyn Cytolyt Cups (each)	_____ PK	Specimen Bags (50/pack)
_____ PK	FNA Formalin Bottles, 40ml (24/pack)	_____ PK	Specimen Requisitions (100/pack)
_____ BX	FNA Slides, Label-End (72/box)	_____ PD	Supply Request Forms (25/pad)
_____ EA	FNA Plastic Slide Holders (each)	_____	Other: _____

So that we may serve you better, please check the box that best describes the services we provide.

	OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT	COMMENTS
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Patient Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Courier Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report Turnaround Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____