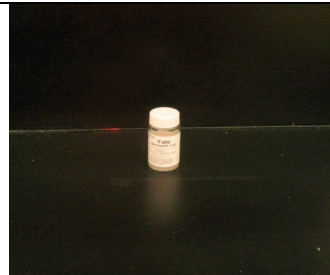






REQUESTING PHYSICIAN'S OFFICE: _____

ADDRESS: _____

PHONE #: _____

	<p>Small: 1 box of small (20 ml formalin) specimen bottles. 100 per box</p>	<p>Quantity Needed:</p>
	<p>Large: 1 box of large (60ml Formalin) specimen bottles. 50 per box</p>	<p>Quantity Needed;</p>
	<p>Mixed: Shipped with 100 (20 ml Formalin) specimen bottles and 50 large (60 ml Formalin) specimen bottles.</p>	<p>Quantity Needed:</p>
	<p>Michel's Fixative: Shipped with 12 Michel's fixative bottles (20 ml Michel's) for direct immunofluorescence in 12 mailing containers per carton.</p>	<p>Quantity Needed:</p>
	<p>Biohazard Bags: Shipped 50 to a roll. May be used in place of mailing containers if specimen is shipped other than via mail.</p>	<p>Quantity Needed:</p>

REQUISITION FORMS: _____

SMALL MAILING CONTAINERS: _____

LARGE MAILING CONTAINERS: _____

OTHER: _____

(PLEASE INDICATE QUANTITY OF EACH ITEM REQUESTED)

Please fax your completed form to Yale DermPath @ (203)785-7234