



CLARIENT™

Fax orders toll free to 888-443-3345

Call us toll free at 888-443-3311

E-mail clientservices@clarientinc.com

Today's Date _____

Supply Order Form

Client Name _____

Client ID# _____
(located on 2nd line of requisition)

Attention _____

City, State _____

Ship to Address (if different from client address)

_____ Phone# _____

| Requisitions/Forms | qty | RPMI/Tubes | qty | Kits/Cool Packs | qty | FedEX | qty |
|------------------------------------|-----|-----------------------------|-----|--|-----|----------------------------|-----|
| Surgical Requisition (Orange) | | Green Top Tube (Sodium Hep) | | Cool Packs (May-Oct only) | | Prepaid Labels | |
| IHC Test Order Form (Orange) | | Purple Top Tube (EDTA) | | Slide Mailer Kit (PB/slides only) | | Diagnostic/Clinical Pack** | |
| Hematopathology Requisition (Blue) | | 50 ml RPMI Media | | STAIN Only slide mailer kit (PB/slides for stain only) | | | |
| Oncology Requisition (Blue) | | 15 ml RPMI Media | | EMPTY Universal Kit (fresh specimens) | | | |
| | | 50 ml Formalin Media | | Universal Kit (includes GT, PT, Formalin, 2 slide mailers) | | | |
| | | | | UroVysion Kit | | | |

Date Needed _____
(Supplies should be sent 2nd day)

**Fed Ex driver carries diagnostic/clinical packs

Clarient use only:

Date Shipped: _____

Shipping Method: _____

Initials/Date: _____