

# CLIENT SUPPLY ORDER FORM - NC/SC/VA/TN/GA

## Dermatopathology

Client Code: \_\_\_\_\_ Order Date: \_\_\_\_\_

Client Name : \_\_\_\_\_ Ordered By: \_\_\_\_\_  
PLEASE PRINT. DO NOT ABBREVIATE CLIENT NAME

Address / City: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

In accordance with federal law (42 C.F.R. 411.351), Solstas may provide at no charge to its customers only the supplies required to collect specimens sent to Solstas Lab Partners for analysis. Such supplies are not provided by Solstas Lab Partners for any other purpose. Your acceptance of these supplies is an acknowledgment that you agree to these requirements.

**NOTE:** Please indicate on this form the supplies that you will use for this purpose and allow 3 business days for receipt of your order.

**Fax these orders to (704) 398-2822 (Charlotte hub)**  
**or to (336) 218-8745 (Greensboro hub)**

**Fax these orders as below**

| Order Qty.                      | Item   | Unit |
|---------------------------------|--|------|
| <b>REQUISITIONS &amp; FORMS</b> |  |      |
|                                 | Client Supply Order Forms<br><i>also available at <a href="http://www.cupath.com/page/forms">www.cupath.com/page/forms</a></i> | ea   |
|                                 | Log Sheets-Dermatopathology  | pk   |
|                                 | Novant Epic Blank Request 8-Label Paper  | ea   |
|                                 | Request Form-Cutaneous Pathology (NC & SC)   | ea   |
|                                 | Request Form-Solstas Pathology (VA, TN & GA)   | ea   |
|                                 | STAT Labels  | Roll |

| Order Qty.   | Item   | Unit    |
|--|--|---------|
| <b>Order from Cutaneous Pathology Fax (336) 760-1398</b> |  |         |
|  | Color toner- Printer Model                   |         |
|  | Cutaneous 6-Specimen Vial Holder             | ea      |
|  | Modernizing Medicine -6 label request forms  | 1000/bx |
|  | Numbered specimen labels- tear off sets of 8 | 100/bx  |
|  | Patient Billing Notification Cards           | 100/pk  |

| <b>BIOHAZARD BAGS</b> |                                   |       |
|-----------------------|-----------------------------------|-------|
|                       | Small-Biohazard Bags (6" x 9")    | 25/pk |
|                       | Large- Biohazard Bags (12" x 15") | 50/pk |

| <b>SPOT THE SPOT PATIENT EDUCATION BROCHURES</b> |                         |       |
|--|-------------------------|-------|
|  | Actinic Keratosis       | 25/pk |
|  | Atypical Nevus          | 25/pk |
|  | Basal Cell Carcinoma    | 25/pk |
|  | Inspection of the Skin  | 25/pk |
|  | Malignant Melanoma      | 25/pk |
|  | Protection of the Skin  | 25/pk |
|  | Seborrheic Keratosis    | 25/pk |
|  | Squamous Cell Carcinoma | 25/pk |

| <b>FORMALIN CONTAINERS</b> |                           |    |
|----------------------------|---------------------------|----|
|                            | 5 ml Formalin Containers  | ea |
|                            | 20 ml Formalin Containers | ea |
|                            | 40 ml Formalin Containers | ea |
|                            | 60 ml Formalin Containers | ea |
|                            | 90 ml Formalin Containers | ea |

| <b>BLACK INK TONER CARTRIDGES</b>  |   |
|--|---|
|   |  |
| <b>SYSTEM ID# SL0000</b><br><b>SYSTEM ID# SL0000</b>   |   |
| Supplies (800) 281-0135, or e-mail<br><a href="mailto:solstas.supplies@tbs.toshiba.com">solstas.supplies@tbs.toshiba.com</a> |   |

| <b>IMMUNOFLUORSCENCE CONTAINERS</b> |  |    |
|-------------------------------------|--|----|
|                                     | Zeus/Michel Fixative for Direct Immunofluorescence | ea |

| <b>CLIENT NOTES TO WAREHOUSE</b> |
|----------------------------------|
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |

| <b>For Internal Use Only</b>              |  |
|---|--|
| Date Received: _____, by _____ (initials) |  |
| Date Shipped: _____, by _____ (initials)  |  |