

DANE COUNTY CYTOLOGY CENTER, INC.
(608) 255-5135 • FAX: (608) 255-2640
CYTOLOGY SUPPLY ORDER FORM

Date ___/___/___ Clinic Name _____ Cytology Account # _____

Person
Ordering _____ Phone () _____ EXT _____
Last Name First

CONVENTIONAL PAP SUPPLIES

- Quantity
_____ Blue GYN patient history/data cards
_____ Purple GYN patient history/data cards
_____ Orange GYN patient history/data cards (MC/MA/Insurance Bill)
_____ Slide Containers (1-slide)
_____ Bottles of spray fixative
_____ Cervical scrapers – Wood / Plastic
_____ Cytobrush (Bottle Brush) 100/pkg - white
_____ Cervex – brush (Broom) 50/pkg - blue
_____ Other: Please specify _____

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THIN PREP PAP SUPPLIES

- Quantity
_____ Thin Prep Kits. **CYTOBRUSH/PLASTIC SPATULA**
Specimen container (vial) prefilled with PreservCyt[®], Biohazard Bag,
_____ Blue _____ Purple patient history/data card.

OR

- _____ Thin Prep Kits. **CERVEX BRUSH (BROOM)**
Specimen container (vial) prefilled with PreservCyt[®], Biohazard Bag,
_____ Blue _____ Purple patient history/data card.

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NON-GYNECOLOGIC SUPPLIES

- Quantity
_____ Kits, Non-Gynecologic
Specimen container prefilled with Cytolyt[™], Biohazard Bag,
yellow patient history/data card.
_____ Extra yellow patient history/data cards.

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Call (608)255-5135 **OR** send with courier **OR** FAX (608)255-2640 Rich/Mike H.

DCC: Order Posted
DATE:
TIME:
FILLED:
BY:
DATE: