



# WOMEN'S HEALTH SUPPLY REQUEST FORM

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email for confirmations and tracking: \_\_\_\_\_

## WOMEN'S HEALTH TESTING

<input type="checkbox"/>	Women's Health Requisitions	Qty. Needed: _____
<input type="checkbox"/>	Brush/Spatula	Qty. Needed: _____
<input type="checkbox"/>	BD eSwab	Qty. Needed: _____
<input type="checkbox"/>	EDTA Purple Top Tube	Qty. Needed: _____
<input type="checkbox"/>	Specimen Bags	Qty. Needed: _____

<input type="checkbox"/>	ThinPrep Collection Containers	Qty. Needed: _____
<input type="checkbox"/>	Broom-like Device	Qty. Needed: _____
<input type="checkbox"/>	Absorbent Sheet	Qty. Needed: _____
<input type="checkbox"/>	Tube Holders	Qty. Needed: _____

\* For anatomic pathology and non-gyn cytology supplies, please contact Josh at 903.805.9955.

## GENERAL SUPPLIES

<input type="checkbox"/>	Shipping Labels	Qty. Needed: _____
<input type="checkbox"/>	Shipping Bags	Qty. Needed: _____
<input type="checkbox"/>	Shipping Boxes	Qty. Needed: _____

<input type="checkbox"/>	Other: _____	Qty. Needed: _____
<input type="checkbox"/>	Other: _____	Qty. Needed: _____
<input type="checkbox"/>	Other: _____	Qty. Needed: _____

## SHIPPING METHOD

<input type="checkbox"/>	Regular (5-7 Days)
<input type="checkbox"/>	2nd Day (2-3 Days)
<input type="checkbox"/>	Overnight (*Note - Overnight only available if order is placed by noon day requested and supplies available. Charges may apply.)

Please send completed supply request form via fax to 903.839.2494 or via email to [supplies@aalabs.com](mailto:supplies@aalabs.com).