bako
Pathology Services

Supply Order Form
1-877-376-7284 (p) 1-770-475-0528 (f)
Place in specimen bag
www.bakopathology.com for electronic ordering

Account/Site Information: _____
Physician name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Requesting party _____

Please indicate quantity next to the item description.

SHIPPING BOXES:

_____ 2-Jar With formalin jars
_____ 2-Jar Without formalin jars
_____ 6-Jar With formalin jars
_____ 6-Jar Without formalin jars
_____ 16-Jar With formalin jars
_____ 16-Jar Without formalin jars

SHIPPING MAILERS/LABELS:

_____ UPS BAGS
_____ UPS PREPAID LABELS
_____ FEDEX PREPAID LABELS
_____ FEDEX BAGS
_____ Dry Keratin Mailers (USPS)

SPECIMEN FIXATIVE JARS/LABELS:

_____ 20 ml (formalin-50 pack)
_____ 20 ml (formalin-100 pack)
_____ 20 ml (empty pack of 100)
_____ 60 ml (formalin single jar)
_____ 60 ml (empty single jar)

_____ 20 ml (alcohol for gout-2 per box)
_____ Bottle labels (28 per sheet)

BIOHAZARD BAGS:

_____ 6 X 6 (50 Pack)
_____ 8 X 8 (50 Pack)
_____ 12 X 15 (each)
_____ Dry nail/keratin bags (50 Pack)

BACTERIOLOGY SUPPLIES:

_____ Aerobic Swabs
_____ Anaerobic Swabs

EPIDERMAL NERVE SUPPLIES:

_____ Single punch ENFD kit
_____ Double punch ENFD kit
_____ ENFD Video

FORMS:

_____ Podiatry requisitions
_____ Dermatology requisitions
_____ ENFD requistitions
_____ Supply order forms