



PENN CUTANEOUS PATHOLOGY SERVICES

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Website: www.pennmedicine.org/dermpath

Supply Order Form

Fax Supply Orders to (215) 662-7885

Physician Name: _____

Office Address: _____

Contact Person: _____

Telephone No.: _____

Please check this box if the address has changed

Supply Items:	Requested Quantity
Requisition Forms (100 per pack)	
Small Specimen Containers (5ml)	
Medium Specimen Containers (20ml)	
Large Specimen Containers (30ml)	
Immunofluorescence Bottles	
Biohazard Specimen Bags (6"x9")	
FedEx Clinical Pak-Bags	
FedEx Pre-Printed Airbills	
Specimen Bottle Labels	
Requisition Form Return Address Labels	
Fold-Up Shipping Boxes	
Courier Bags	
Other	