Dermpath Diagnostics®

RICHFIELD LABORATORY OF DERMATOPATHOLOGY

6700 Steger Drive
Cincinnati, OH 45237

Date:	**Client Name:**
Client Supply #:	**Client Address:**
Contact name:	**Client Telephone #:**

SUPPLIES FULFILLED BY RICHFIELD LAB

QTY	UNIT OF MEASURMENT	REQUSITIONS
	PACK	DERM REQUISITION - CARBON (100 per pack)
	PAD	DERM REQUISITION - PAD (100 per pad)
	PACK	EMA REQUISITION SHEETS (100 per pack)
QTY	**UNIT OF MEASURMENT**	**LOGS / COURIER MANIFEST**
	EACH	LOG BOOKS *without* CARBON
	EACH	LOG SHEETS *with* CARBON
	EACH	COURIER MANIFEST SHEETS *with* CARBON
QTY	**UNIT OF MEASURMENT**	**SHIPPING SUPPLIES**
	PACK	WHITE BOXES (25 per pack) * BASKO & IDI ONLY *
	PACK	LARGE FEDEX CLINICAL BOX (20 per pack)
	EACH	FEDEX AIRBILLS
	EACH	DERMPATH DIAGNOSTICS GLUE STICK BAGS
QTY	**UNIT OF MEASURMENT**	**LABLES**
	ROLL	DERMPATH DIAGNOSTICS BOTTLE LABELS (100 per roll)
	BOX	EZ DERM BROTHER PRINTER LABEL (400 per box)
	BOX	ELLKAY BOTTLE LABELS - DYMO (700 per box)

SUPPLIES FULFILLED BY SUPPLY HUB

QTY	UNIT OF MEASURMENT	PEOPLESOFT ITEM #	FORMALIN BOTTLES
	EACH	H14	7ML FORMALIN BOTTLES
	EACH	H29	20ML FORMALIN BOTTLES
	EACH	H48	40ML FORMALIN BOTTLES
	EACH	H32	60ML FORMALIN BOTTLES
	EACH	H09	90ML FORMALIN BOTTLES
QTY	**UNIT OF MEASURMENT**	**PEOPLESOFT ITEM #**	**DIF SUPPLIES**
	EACH	C26	7ML MICHEL'S SOLUTION BOTTLES
QTY	**UNIT OF MEASURMENT**	**PEOPLESOFT ITEM #**	**BIOHAZARD BAGS**
	EACH	B144	6X9 BIO BAGS
OTHER:			

Send supply order via email to: dgxampcincinnaticlientservices@questdiagnostics.com
or Fax to: 513-745-8335

FOR OUR USE ONLY
Client Service Supply Verification - INITIAL_____ DATE_____

TRACKING #_____