*Oral Supply Request Form*

To request oral biopsy service supplies, please complete the information below and email the form to:

[pathsupplies@uthscsa.edu](mailto:pathsupplies@uthscsa.edu)

**Client Information (required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Client Name: (Full Name) | | |
| Client Address (Street, City, State, Zip) | | | |
| Requested by: (Full Name) | | Phone# | Email |

**All information above is REQUIRED. Missing information will delay order processing.**

|  |  |  |
| --- | --- | --- |
|  | Item | Quantity |
|  | Oral Biopsy Kit  (10% Formalin biopsy vial, request form, biohazard bag, absorbent pad) | \_\_\_\_\_\_\_\_\_ |
|  | Michels Solution  (For Immunofluorescence Studies) | \_\_\_\_\_\_\_\_\_ |
|  | Fed-Ex Packaging | \_\_\_\_\_\_\_\_\_ |
|  | Oral Biopsy Request Form | \_\_\_\_\_\_\_\_\_ |

Note:

* Please allow 2 to 3 business days for delivery via FedEx or Courier.
* Oral Biopsy Request Forms are available on the UTHSA Oral and Maxillofacial Pathology website: <https://lsom.uthscsa.edu/pathology/research/oral-maxillofacial-pathology-laboratory/>