

Oral Supply Request Form

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

strlclientservices@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
<input type="checkbox"/>	Oral Biopsy Kit (10% Formalin biopsy vial, request form, biohazard bag, absorbent pad)	_____
<input type="checkbox"/>	Michels Solution (For Immunofluorescence Studies)	_____
<input type="checkbox"/>	Fed-Ex Packaging	_____
<input type="checkbox"/>	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/>