

STRL SUPPLY REQUEST FORM

Supplies are delivered to clients only for collection, transport, and report of testing to UT Health San Antonio, Department of Pathology, South Texas Reference Laboratories

| lient Name: | | Date: | |
|--|---------------------|--------------|--|
| Send Attention to: | | Phone: () - | |
| Office Address: | | | |
| Email: | | | |
| Cytology Supplies | Unit | Qty | |
| ThinPrep Collection Kit (PreservCyst Vials and Cytobrush/Spatula) | Bag (50 each/bag) | | |
| ThinPrep Papette (Cyto-Brooms) | Bag (25 brooms/bag) | | |
| Histology Supplies | | | |
| Oral Kits | Kit | | |
| Prostate Kits | Kit | | |
| Michel's Solution | Vial | | |
| Formalin 20 ml | Vial | | |
| Formalin 60 ml | Vial | | |
| Electron Microscopy Supplies | | | |
| Glutaraldehyde Vials | Vial | | |
| Molecular Collection Kits | | | |
| APTIMA Multitest Swab Collection Kit | Kit | | |
| APTIMA Urine Specimen Collection Kit | Kit | | |
| COVID Swab Kit | Kit | | |
| Email completed form to <u>STRLClientservices@uthscsa.edu</u> For questions, please call (210) 567-6599 | | | |
| Please allow 5 business for delivery of supplies. | | | |