

WCP Laboratories, Inc.
Cutaneous Pathology

Supply Request

P (314) 991-4313
 F (314) 991-4317

Request Date _____ Client Name _____

Contact _____ Phone _____

Location _____

WCP initials _____ WCP Fill Date: _____ WCP Delivered Date _____ /Time _____

ITEM	UNIT	#REQUESTED	ITEM	UNIT	# REQUESTED
Cutaneous Requisition	1 sheet		7ml formalin jar	100/box	
Anatomic Requisition	1 sheet		20ml formalin jar	96/box	
Immunocytometrics Requisition	1 sheet		40ml formalin jar	96/box	
Oral Pathology Requisitions	1 sheet		60ml formalin jar	96/box	
Urology Requisitions	1 sheet		90ml formalin jar	96/box	
Microbiology Requisitions	1 sheet		120ml formalin jar	96/box	
Podiatric Requisition	1 sheet		8oz formalin jar	12/box	
6 x 9 Bio-hazard bag	100/bundle		16oz formalin jar	6/box	
8 x 10 Bio-hazard bag	100/bundle		32oz formalin jar	4/box	
LARGE Bio-hazard bag	100/bundle		Sterile Container	1 each	
Specimen Labels	320/roll		Specimen Labels	320/roll	
MICRO			30ml Cytolyte Solution Vial	1 each	
Aerobic & Anaerobic culture, Swab	1 each				

Additional requests: _____

