SUPPLY REQUEST FORM – UNIVERSAL

CSM CYTOLOGY SERVICES OF MD

P.O. BOX 1350, LAUREL, MARYLAND 20725-1350

TO PLACE ORDER BY PHONE: 1-877-549-2642 OR 301-206-2555, PRESS 4

TO PLACE ORDER BY FAX: 301-604-5297

1. DATE:
2. YOUR ACCT NO (OR MAIN PHONE NUMBER): ___ ___ ___ ___ / (___) _____
3. ACCT NAME:
4. SEND SUPPLIES ATTN:

Cytology Services of Maryland provides supplies for collecting specimens to be sent to CSM for analysis. Please indicate the items you require by placing a check mark in the appropriate box then return or fax form to us.

LABORATORY REQUEST FORMS

- ☐ 100–Lab Request Form

CYTOLOGY – THINPREP® PAP TEST

- ☐ 101–ThinPrep® Pap Test™ Vial
- ☐ 102–Papette™ Broom
- ☐ 143–Cytobrush Plus GT®
- ☐ 145–Plastic Spatula

CYTOLOGY – CONVENTIONAL PAP SMEAR

- ☐ 104–Frosted Slide
- ☐ 144–Cytobrush
- ☐ 145–Plastic Spatula
- ☐ 105–Slide Holder
- ☐ 107–Cytology Spray Fixative
- ☐ 108–Green Top Centrifuge Tube (breast, urine, etc.)

HISTOLOGY

- ☐ 111–Biopsy Bottle, 30ml / 1oz.
- ☐ 112–Biopsy Bottle, 60ml
- ☐ 151–Biopsy Bottle, 120ml

IMMUNOLOGY – HPV, CHLAMYDIA/GC

- ☐ 117–Digene DNA Specimen Collection Kit
  HPV AND CHLAMYDIA/GONORRHEA SPECIMENS

PACKAGING

- ☐ 118–Specimen Mailing Box
- ☐ 119–Rubber Bands
- ☐ 120–Biohazard Specimen Bag, Small: 6” x 9”
- ☐ 121–Biohazard Specimen Bag, Large: 10” x 13”

BILLING FORMS & INSTRUCTIONS

- ☐ 122–Medicare Patient Waiver of Liability Form
- ☐ 123–ThinPrep® Patient Waiver Form
- ☐ 124–Medicare Insurance Handling Instructions
- ☐ 125–Billing Policy Reference Guide

INSTRUCTIONS/REFERENCE

- ☐ 128–Collection of Gyn Pap Specimen
- ☐ 129–Collection of Gyn Histology Specimen
- ☐ 231–Collection of Digene® Hybrid Capture®
- ☐ 132–Preparation of Laboratory Request Form
- ☐ 135–How to Order Supplies
- ☐ 136–Packaging and Mailing Specimens

OTHER FORMS

- ☐ 127–Material Safety Data Sheet: _____

MISCELLANEOUS/NOT LISTED

- ☐ 000– _____
- ☐ 000– _____

SPECIAL INSTRUCTIONS

- ☐ 130–Please Process STAT

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☎ 301-604-5297 FAX

THE QUANTITY SHIPPED TO YOU WILL BE DETERMINED BY YOUR CURRENT USAGE OF THE RELATED SERVICE–PLEASE NOTE ANY CHANGES EXPECTED.