

Biopsy Kit Request Form

Doctor Information	
Name	
Phone	Fax
E-mail	

Office Address		
Street Address		
City	State	Zip Code

Contact (requestor) Name:	
Formalin or IMF:	<input type="checkbox"/> Formalin <input type="checkbox"/> IMF Transport Media
Number of Formalin Boxes: (4 bottles in each box)	
Number of IMF Bottles: (Only 1 or 2 bottles in each box)	
Additional Comments:	

When form is completed, please fax to: 206-543-8054