



**PET EMERGENCY CLINIC & REFERRAL CENTER**  
**CLINICAL PATHOLOGY SERVICE**

(ph) 509.326.7289 • (fax) 509.326.7213 • [clinpathpec@gmail.com](mailto:clinpathpec@gmail.com)

Hospital/Clinic \_\_\_\_\_

Hosp./Clinic Phone \_\_\_\_\_

Hosp./Clinic Fax \_\_\_\_\_

Date \_\_\_\_\_

**SUPPLY REQUEST**

1. Indicate in the space below any needed cytology supplies. Supplies for sample submission are free of charge to our customers.
2. Fax this form back to PEC (509-326-7213) or submit it along with a cytology sample via the PEC courier.
3. The requested supplies will be dropped off at your practice via the PEC courier in 1-2 business days.

**REQUESTED CYTOLOGY SUPPLIES**

	Number Requested
Accession Forms	_____
Plastic Slide Mailers	_____
Zip-Lock Sample Bags	_____
Microscope Slides	_____