

REQUEST FOR FLOW CYTOMETRY MEDIA

- All orders will be filled and shipped on **Tuesdays**.
- Fax completed form to:
Flow Cytometry
Fax #: 403-270-4135
- All orders must be faxed to the department by end of day **Monday** to be included in Tuesday's shipment. All orders received after end of day Monday will be filled and shipped the following week.
- Please allow enough time for delivery.

Physician/Clinic	
Shipping Address	
City/Town	Postal Code
Phone Number	
Contact Name	Date
<input type="checkbox"/> Tissue Media (RPMI) <input type="checkbox"/> BM Media <input type="checkbox"/> TransFix (FMC, ACH, RGH, PLC, SHC Hematology departments <u>only</u>)	
Number of tubes requested:	

FOR OFFICE USE ONLY
Sent by:
Date: