



Request for Tissue and Bone Marrow Transport Media

- All orders will be filled and shipped on **Tuesdays**.
- Fax completed form to: **Flow Cytometry**
Fax #: 587-231-3910
- 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:
<div><input type="checkbox"/> Tissue Transport Media (TTM)</div> <div><input type="checkbox"/> BM Media</div> <div><input type="checkbox"/> TransFix (ACH, FMC, PLC, RGH, SHC Hematology departments <u>only</u>)</div> <div>Number of tubes requested:</div>	
FOR OFFICE USE ONLY	
<div>Lot #:</div> <div>TTM: _____ BM Media: _____ TransFix: _____</div>	
Sent by:	Date: