

## 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.

<b>Physician/Clinic</b>	
<b>Shipping Address</b>	
<b>City/Town</b>	<b>Postal Code</b>
<b>Phone Number</b>	
<b>Contact Name</b>	<b>Date</b>
<input type="checkbox"/> <b>Tissue Transport Media (TTM)</b> <input type="checkbox"/> <b>BM Media</b> <input type="checkbox"/> <b>TransFix (FMC, ACH, RGH, PLC, SHC Hematology departments <u>only</u>)</b>	
<b>Number of tubes requested:</b>	
<b>FOR OFFICE USE ONLY</b>	
<b>Lot #:</b>	
<b>TTM: _____ BM Media: _____ TransFix: _____</b>	
<b>Sent by:</b>	
<b>Date:</b>	