



TOPA Diagnostics
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 (805) 373-8582 CLIA number 05D1022855

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CLIENT SUPPLY ORDER FORM

Order Date: _____ Contact Person: _____ Phone Number: _____

Physician/Facility Name: _____ City: _____

GENERAL SUPPLIES.

- _____ TOPA requisition forms
- _____ Supply order forms
- _____ Specimen bags (regular size)
- _____ Specimen bags (Orange 8x10)
- _____ Specimen bags (Red 9x12)

SURGICAL PATHOLOGY (BIOPSIES)

Biopsy bottles, 10% formalin (general use):

- _____ 20 ml (box 24) or (case 96)
- _____ 60 ml (box 24) or (case 96)
- _____ 120 ml (box 24) or (case 96)
- _____ 500 ml (1 each)
- _____ 1000 ml (1 each)
- _____ Prostate biopsy box (6 + 2 holes)
- _____ Prostate biopsy box (12 + 4 holes)

Plastic Surgery:

- _____ Large empty container (32 oz)
- _____ Very large empty container (86 oz)
- _____ Jumbo empty container (163 oz)
- _____ 10% formalin (1-gallon jug)
- _____ Specimen bags, large (13" x 18")

HEMATOPATHOLOGY

- _____ Bone marrow collection kit

PODIATRY

- _____ 10% formalin bottles (20 ml)
- _____ CytoLyt
- _____ Nail Bags
- _____ 100% Alcohol bottle (20ml)
- _____ Lavender top tubes

Other: (please indicate test it is used for)

NON-GYN CYTOLOGY

- _____ FNA Kit **with ThyraMIR tube (by Interpace)**
- _____ FEDEX FNA kit **with ThyraMIR tube (by Interpace)**
- _____ ThyraMIR (by Interpace) tubes **(individual tubes)**
- _____ FNA Kit **with Afirma tube (by Veracyte)**
- _____ Afirma (by Veracyte) tubes **(individual tubes)**
- _____ CytoLyt for non-gyn cytology **(Non-gyn ThinPrep)**
- _____ Break-away spatulas for nipple discharge
- _____ Cytology bottles with 95% alcohol (for slides)
- _____ Box of slides

GYN CYTOLOGY

ThinPrep:

- _____ PreservCyt bottles (ThinPrep Pap Test Solution) (tray/25)
- _____ Spatulas/brushes (pack of 25)
- _____ Brooms (pack of 25)

SurePath:

- _____ Preservative Collection Vials (tray of 25)
- _____ Detachable brush/scrap (pack of 25)
- _____ Brooms (pack of 25)

Other:

- _____ ApexDx UTM swabs
- _____ Affirm^{BD} test for vaginitis
- _____ GBS Swab

MOLECULAR

- _____ Group A Strep Swab (white top)
- _____ VTM Swab tests for:
 (Respiratory Panel, Bordetella Panel, Influenza A&B/RSV, COVID-19)
- _____ Sterile Urine Cups

GASTROENTEROLOGY

- _____ GI panel (by PCR) Patient Collection Kit
- _____ C.diff only (by PCR) Patient Collection Kit
- _____ FedEx GI Panel (by PCR) Patient Collection Kit
- _____ FedEx C. Diff only (by PCR) Patient Collection Kit

(QA by _____)

Please fax completed order form to TOPA Diagnostics. Fax number: (805) 371-7816
 If you have any questions, please call TOPA Client Services, at (805) 373-8582. You may copy this form to use again.

Updated: 10/09/22

Order filled by:	(TOPA use only)
_____	_____
Initials	Date