

ISU Veterinary Pathology
MAILER REQUEST FORM

Clinic Name:

Address:

Telephone#:

Date of Request:

Request Mode:

Taken By:

Date Sent:

Supplies Sent

STANDARD MAILER KIT (10 S JARS/10 M JARS/5 L JARS/25 BOXES/BAGS/25 LABELS/10 SLIDE HOLDERS)

SMALL JARS (40-60mL)

MEDIUM JARS (80-100mL)

LARGE JARS (120 mL)

XL JARS (1000mL)

TOTAL JARS (+BAGS/LABELS)

BOXES

SLIDE HOLDERS

SPECIAL
REQUESTS: