



Weill Cornell Medicine

Dermatopathology

Weill Cornell Medicine
Comprehensive Dermatopathology Service

Cynthia M. Magro, MD, Director
1300 York Avenue, Room F-310, New York, NY 10065
Phone: (212) 746-6434 • Fax: (212) 746-8570
E-mail: cornelldermpath@med.cornell.edu
Website: www.weillcornelldermpath.com

Supply Requisition

Date: _____

Client Name _____ Requested by _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ Email _____

Quantity	Requisitions/Forms
	Dermatopathology Requisitions
	Podiatric Pathology Requisitions
	Consultation Forms

Quantity	Collection/Preparation
	10% Neutral Buffered Formalin
	Michel's Fixative
	Specimen Bags

Quantity	Shipping Materials
	Fed-Ex Air bill
	Fed-Ex Pouch
	Fed-Ex Boxes

FAX SUPPLY REQUEST TO 212-746-8570

OFFICE USE ONLY

Order filled by: _____	Date: _____
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