

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Send To: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requisition Forms	Quantity	Other Instructions
Hematology/Oncology		
Solid Tumor		
Immunohistochemistry (IHC)		
FHACT®		

Kits	Quantity	Other Instructions
Bone Marrow & Peripheral Blood		
Peripheral Blood		
IHC/Solid Tumor		
Urologic Pathology Kit		
FHACT®		

Supplies	Quantity	Other Instructions
Biohazard Bags		
FedEx Priority Overnight Label		
FedEx Clinical Pak Bags		

**Please email this form to: [SalesSupport@cgix.com](mailto:SalesSupport@cgix.com)**