

# Tissue Product Request Form

**\*Please complete all fields; incomplete forms will not be processed**

PO Number: \_\_\_\_\_ Requested Shipment Date: \_\_\_\_\_  
 Tissue Required On-Site: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does your facility have appropriate on-site storage? Yes No

Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / Town: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 24 Hour Delivery Name: \_\_\_\_\_  
 24 Hour Delivery Phone: \_\_\_\_\_  
 Order Instructions/Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency orders or priority deliveries will incur an additional fee of \$75**

Tissue Type Requested	Quantity of Tissue	Details

## FREQUENTLY ASKED QUESTIONS

### How do I submit my order?

Email the completed form to [tissuebank@nshealth.ca](mailto:tissuebank@nshealth.ca); we welcome your questions and inquiries via email during completion of the form.

Purchase order requisitions may be attached to the same email provided the completed Regional Tissue Bank Tissue Product Request Form is also attached.

### How do I edit my order after submission?

Changes may be accepted via email if your order has not been shipped.