

DYE _____

Name of Firm

CODE NUMBER _____

City

State

DATE _____

TO: Biological Stain Commission
Department of Pathology, Box 626
University of Rochester Medical Center
Rochester, New York 14642

We are (enclosing) (sending you under separate cover) a set of samples:

_____ 10 gm sample for experimental or recheck test

_____ two 10 gm and one 5 gm sample for certification

of our lot or batch number _____

Weight of Batch _____

☐ this dye was manufactured by us

☐ this dye was purchased elsewhere and purified by us

☐ this dye was purchased elsewhere and packaged by us

This dye is to be sold under the following label:

Signature

Title
