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 _________________

☐ this dye was manufactured by us

☐ this dye was purchased elsewhere and purified by us

☐ this dye was purchased elsewhere and packaged by us

Weight of Batch _________________

This dye is to be sold under the following label:

Signature _______________________

Title __________________________