

SUPPLY ORDER FORM***

CLIENT NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON NAME: _____

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>v</u>
GREEN TOP (SODIUM HEPARIN) TUBE 10ML		
LAVENDER TOP (K3 EDTA) TUBE 4ML		
LIGHT BLUE TOP (SODIUM CITRATE) TUBE 4.5ML		
RED/GRAY TOP (SST/SERUM) TUBE 8.5ML		
RED TOP (NO ADDITIVE) TUBE 7ML		
ROYAL BLUE TOP (EDTA NA ₂) TUBE 7ML/TRACE METAL		
GRAY TOP (SODIUM FLUORIDE POTASSIUM OXALATE) TUBE 6ML		
YELLOW TOP (ACD "A" SOLUTION) TUBE 8.5ML		
24 HOUR URINE CONTAINERS		
24 HOUR URINE CONTAINERS (W/PRESERVATIVE)		
STERILE URINE CUPS		
BLOOD CULTURE BOTTLES		
BD PROBE		
SWAB, CULTURE		
OVA & PARASITE TRANSPORT (FORMALIN)		
M4 MULTI-MICROBE TRANSPORT MEDIUM KIT		
OCCULT BLOOD SLIDE		
GLUCOSE TOLERANCE BEVERAGE 50ml, 75ml, 100ml (ORANGE/COLA)		
FROZEN SPECIMEN LABEL(S)		
SPECIMEN BAGS		
SPECIMEN BAGS (LARGE)		
SINGLE USE NEEDLE HOLDER		
SAFETY NEEDLE 22Gx1		
SAFETY NEEDLE 21Gx1		
SAFE LOK w/LUER 21G 12" TUBING (WINGED)		
SAFE LOK w/LUER 23G 12" TUBING (WINGED)		
REQUISITION FORMS (PLEASE CHECK: <input type="checkbox"/> REGULAR, <input type="checkbox"/> PATHOLOGY, <input type="checkbox"/> CYTOLOGY, <input type="checkbox"/> ALLERGY)		
BIOPSY JARS		
THIN PREP		
AFFIRM		

FOR OFFICE USE ONLY: