REGIONAL BIOMEDICAL LABORATORY

Client Supply Order Form

PLEASE FAX ALL SUPPLY ORDERS TO: 256-549-0885

Client Name: _____ **Date of Order:** _____

Client address: _____

Special Instructions: _____

Requested By: _____

Station: _____

Client Phone Number: _____

Filled By: _____ **Received By:** _____

Quantity		Blood Drawing Supplies
	each	SST Tubes
	each	Lavender EDTA Tubes
	each	Red Tubes
	each	Light Blue Tubes
	each	Yellow Tubes
	each	SPS Yellow Tubes (Blood Culture)
	each	22x1 1/4" Vac Safety Needles
	each	Tube Hubs, standard

		Microbiology Supplies
	each	Routine Culturettes
	each	Sterile Urine Cup
	each	24 Hour Urine Container without Acid
	each	24 Hour Urine Container with Acid

		Drug Screen Supplies
	each	Drug Screen Kits
	each	Drug Screen Requisitions

Other Supply Requests:

_____

_____

Quantity		Misc. Supplies
	100/pk	Specimen Bags
		Printer/Fax Cartridge
	Model #	_____

		Forms and Requisitions
	each	Standard Lab Requisition
	each	Small Lab Requisition
	each	Supply Request forms
	50/pk	Patient directions to Lab
	50/pk	ABN Forms

Regional Biomedical Laboratory does not provide syringes, syringe needles, tape, alcohol, or butterflies. All urines are to be collected in a sterile urine cup and refrigerated. These supplies are property of Regional Biomedical Laboratory and are only authorized to be used in conjunction with testing performed by Regional Biomedical Laboratory.