



SYSTEM LABORATORY

Hospital Supply Order Form

Date: _____

Client Name: _____

Item	Requested	Filled
Tubes/Needles		
3 ml Mint Green Li Heparin		
Yellow Top ACD - Sol. B		
FDP Tubes		
6 ml Red Top		
7 ml Navy Top EDTA (NA2)		
7 ml Navy (Plain)		
3 ml Tan EDTA (lead)		
3 ml Dark Green Li Heparin		
3 ml Green NA Heparin		
6 ml Pink Top (BB)		
Amber Transfer Tubes		
Transfer Tubes		
Transfer Lids		
Serotonin Transfer Tubes		
QuantIFERON Kits		
iFOB Occult Blood Collection		
Fetal Fibronectin Kits		
Urine Collection		
24 Hour Urine Container		
Urine Specimen Cup - Blue Lid		

Item	Requested	Filled
Microbiology		
Aerobic Swabs (White)		
Anaerobic Swabs (Grey)		
Charcoal Swabs, Vag & GC (Black)		
Viral Culture Media		
Nasoswabs (Flu & RSV)(Orange)		
Chlam/GC DNA Swabs (Male)		
Chlam/GC DNA Swabs (Female)		
Culturette II Swabs (Red)		
Peds Blood Culture Bottle		
Aerobic Blood Culture Bottle		
Ova & Parasite Media		
Anaerobic Blood Culture Bottle		
Stool Culture Media		
Stool Cups		
Mycolytic Bottle (Fungus & TB)		
Affirm Transport System Kits		
Forms		
Lab Requisition - Hospital		
Lead Requisition		
MSAFP/Triple Marker Form		
Pathology Requisition		

Item	Requested	Filled
Pathology		
Pap Smear (1 Slide)		
Pap Smear (2 Slides)		
Pap Smear Fixative		
40 ml Biopsy Containers		
120 ml Biopsy Containers		
240 ml Biopsy Containers		
ThinPrep Pap Solution		
Endocervical Spatula/Brush _____ Broom _____		
Miscellaneous		
Specimen Bags - Clear		
Specimen Bags - Green		
Specimen STAT Bags		
Large Tracking Bags		
Atlas Labels (Dymo)		
Other		

All requested supply items will be verified by prior account usage and filled appropriately

**Please fax request to 309-624-9037
or give to courier to deliver**

By signing, I certify that all requested supplies will be utilized solely for the purpose of specimen collection for samples being submitted to the OSF System Laboratory

Signed: _____



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