



## Physician Non-Phlebotomy Supply Requisition

Please fax supply requisition form to (416) 449-6458. Allow 4 working days for delivery.

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
Address: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Collection Kits			<b>*For Colon Cancer Check Occult Blood kits use dedicated order form</b>		
Culture Swab – Charcoal	13101	50/pkg	*CCC Occult Blood Kit Order Forms		each
Culture Swab – Clear	13102	50/pkg	<b>Cytology &amp; Histology</b>		
Chlamydia Kit	13103	each	Formalin Biopsy Bottle	13112	each
Stool O&P Kit	13104	each	Cytobrush	29005	each
Stool Culture Kit	13105	each	PAP Kit in White Alpha Folder	29031	each
Occult Blood (Non-CCC) Kits	13107	each	PAP Liquid Based Collection Vial with Broom	29035X	each
Pinworm Kit	13108	each	Histology Requisition Form		pad
Blood Culture Bottles	13109C	bottle	Cytology Requisition Form		pad
Fungus Kit		each	<b>Miscellaneous Supplies</b>		
B.P. (Whooping Cough) Kit		each	Specimen Ziplock Bags	17001	100/pkg
Virus S. W. Kit		each	Physician Non-Phlebotomy Supply Requisition		pad
Urine Collection Collection					
Antiseptic Towellettes	10002	100/box			
Pediatric Urine Collectors	13001	10/box			
90 ml Urine Bottles	13002	100/bag			
24 Hour Urine Container	13004	each			
Bag for Urine Bottles	17002B	100/pkg			
Urine Separation Tube w/o preservative	21009A	each			
Urine Separation Tube w/ preservative	21009B	each			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### – For Internal Use Only –

Order filled by: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit**