

PHYSICIAN NON-PHLEBOTOMY SUPPLY REQUISITION

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

Note: Supplies provided are for use in direct sample collection

PHYSICIAN'S NAME: _____ PHONE: _____ DATE OF ORDER: _____

ADDRESS: _____ ORDERED BY: _____

Item Description	Code	Qty	Units
Collection Kits			
Culture Swab – Charcoal	13101		50/pkg
Culture Swab – Clear	13102		50/pkg
Chlamydia Kit	13103		each
Hema Screen Occult Blood (Non-CCC) Kits	13107		each
Stool Culture Kit	13105		each
Stool O&P Kit	13104		each
Pinworm Kit	13108		each
Blood Culture Bottles	13109C		bottle
Fungus Kit	24005F		each
B.P. (Whooping Cough) Kit	MB901		each
Virus S. W. Kit	MB902		each
Urine Collection			
Antiseptic Towelettes	10002		100/box
Pediatric Urine Collectors	13001		10/box
90 ml Urine Bottles	13002		100/bag
24 Hour Urine Container	13004		each
24 Hour Urine Container w/acid	UC001		each
Bag for Urine Bottles	17002B		100/pkg
Urine Separation Tube w/o preservative	21009A		each
Urine Separation Tube w/ preservative	21009B		each

Item Description	Code	Qty	Units
Histology			
Formalin Biopsy Bottle (5ML)	10389		each
Formalin Biopsy Bottle (40ML)	13112		each
Formalin Biopsy Bottle (90ML)	10728		each
Michel Media (Immunofluorescence container)			each
Histology Requisition Form			pad
Cytology			
Urine Collection Kit (Cytology)			
OCSF Collection Kit (Thin Prep)			25/tray
Sputum Collection Kit			each
PAP Liquid Based Collection Kit (Surepath)	29035X		each
Cytology Requisition Form			pad
Gloves (Vinyl, Powderless)			
Small	10712		100/box
Medium	10713		100/box
Large	10714		100/box
X Large	10715		100/box
Miscellaneous Supplies			
Specimen Ziplock Bags	17001		100/pkg
Clear Ziplock bag 9X12			100/pkg
Clear Ziplock bag 12X15			100/pkg
Physician Non-Phlebotomy Supply Requisition			pad

COMMENTS: _____

FOR INTERNAL USE ONLY

ORDER FILLED BY: _____ DATE: _____