

LAB SUPPLY ORDER FORM

**FOR INCREASED EFFICIENCY, PLEASE LIMIT SUPPLY ORDERS TO ONCE A WEEK
ALLOW UP TO 72 HOURS (3 BUSINESS DAYS) FOR DELIVERY**

Per Federal Regulations, laboratories are only allowed to provide physician offices with supplies used to collect specimens that will be sent back to that lab for testing. In compliance with those regulations, Providence Laboratories will provide supplies at no charge for the collection of specimens sent to us for testing.

TO INSURE PROMPT AND ACCURATE DELIVERY, PLEASE PROVIDE ALL INFORMATION REQUESTED.

CLIENT: _____ **CLIENT#:** _____ **ORDERED BY:** _____

ADDRESS: _____ **PHONE #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **DATE:** _____

BLOOD COLLECTION SUPPLIES

Alcohol Wipes - 200/bx	EACH	_____
Needle Holders/Hub, Disposable - 250/pk	EACH	_____
Needles, Multisample 21x1 1/4 - 48/bx	EACH	_____
Needles, Multisample 22x1 1/4 - 48/bx	EACH	_____
Needles, Syringe 21x1 - 50/bx	EACH	_____
Needles, Syringe 23x1 - 50/bx	EACH	_____
Syringes 6cc	EACH	_____
Syringes 10cc	EACH	_____
Tourniquets, Non-Latex - 25/bx	EACH	_____

TUBES

2.7 mL Lt Blue (Na-Cit)	EACH	_____
3 mL Green (Li-Heparin)	EACH	_____
4 mL Gray (NaFl + K Oxalate)	EACH	_____
4 mL Lavender (K-EDTA)	EACH	_____
5 mL Gold SST	EACH	_____
5 mL Pearl White PPT (EDTA)	EACH	_____
6 mL Pink (EDTA Blood Bank)	EACH	_____
6 mL Red Plain Clot	EACH	_____
6 mL Royal Blue (No additive)	EACH	_____
6 mL Royal Blue (K-EDTA)	EACH	_____
8.5 mL Yellow (ACD Solution A) Glass	EACH	_____
QuantIFERON-TB Gold Plus - 4/set	EACH	_____

MICROBIOLOGY/ MOLECULAR DIAGNOSTICS

Aptima (Orange) Multitest Swab Kit (CT,GC)	EACH	_____
Aptima (Purple) Unisex Swab Kit (CT,GC)	EACH	_____
Aptima (Yellow) Urine Kit (CT,GC)	EACH	_____
BD Affirm (Cand, Gard, Trich) - 10/bx	EACH	_____
Blood Culture Bottle (Blue) Aerobic	EACH	_____
Blood Culture Bottle (Maroon) Anaerobic	EACH	_____
Blood Culture Bottle (Yellow) Pediatric	EACH	_____
M4RT Viral Media (Red-RmTmp)	EACH	_____
Ova & Parasite w/ Culture Kit	EACH	_____
Pinworm Paddle	EACH	_____
Ova & Parasite Culture Only (Orange Lid)	EACH	_____
Swab, eSwab	EACH	_____
Swab, Red Top BBL	EACH	_____
UVT Viral Respiratory Kit (NP Swab)	EACH	_____

CYTOLOGY/PATHOLOGY

(Collection Devices are Provided with the Vials)

SurePath Pap Kit = 25 Vials w/ Brooms	_____	
SurePath Pap Kit = 25 Vials w/ Brushes/ Spatulas	_____	
ThinPrep Pap Kit = 25 Vials w/ Brooms	_____	
ThinPrep Pap Kit = 25 Vials w/ Brushes/ Spatulas	_____	
10% NB Formalin Tissue Vial (60mL)	EACH	_____
CytoRich Red Vial (20mL)	EACH	_____
CytoRich Red Vial (60mL)	EACH	_____
Michel's Transport Media (30mL)	EACH	_____
RPMI (for Flow Cytometry transport)	EACH	_____

CYTOGENETICS

Bone Marrow Kit	EACH	_____
Tissue Kit	EACH	_____
6 mL Dark Green (Na-Heparin)	EACH	_____

MISCELLANEOUS

Bags, Specimen Transport - 100/pk	EACH	_____
FIT Kit (Fecal Occult Blood)	EACH	_____
Glucose Beverage:		_____
50 GRAM Lemon-Lime	EACH	_____
75 GRAM Fruit Punch	EACH	_____
100 GRAM Orange	EACH	_____
Slide Holder (5 Slides)	EACH	_____
Slides, Glass - 72pk	EACH	_____
Specimen Collection Container "Hat"	EACH	_____
Specimen Collection Cups, Sterile	EACH	_____
Towelettes, Antiseptic - 100/pk	EACH	_____
Transfer Tubes w/ Caps	EACH	_____
Urine Culture, Gray Tube & Straw	EACH	_____
Urine, 24 Hour Collection Bottles	EACH	_____

FORMS

Lab Test Requisitions	_____
Lab Supply Order Forms	_____
Fax Form Add-On Tests	_____
Prenatal Risk Patient Brochures	_____

For inquiries regarding ordering information, please call 503-893-7639

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