



Laboratory Supply Order Form
Fax: (601) 815-6105

Clinic Name _____

FORMS	QUANTITY	CYTOLOGY / TISSUE CONTAINERS	QUANTITY
Outreach Request	_____	FNA Slide Kit	_____
Toxicology	_____	Cytolyt Fixative - FNA	_____
IHC	_____	Thin Prep PAP Vials	_____
Cytology (GYN)	_____	Bushes / Spatulas	_____
Cytology (Non-GYN)	_____	40 mL Formalin	_____
Tissue Request	_____		
Molecular / Flow	_____		
TUBES / NEEDLES / TRANSPORT	QUANTITY	CULTURE / DNA PROBE	QUANTITY
Gold	_____	Routine Culture: Blue Culturette (Aerobe and/or Anaerobe)	_____
Red (Clot Activator)	_____	MRSA or Gp B Strep: Red Culturette (Liquid Stuart)	_____
Purple	_____	RSV / Flu: XPERT Nasopharyngeal Sample Collection Kit	_____
Blue	_____	Respiratory Viruses: M6 Red Top Transport for NP	_____
Lithium Heparin	_____	TB: TB Gold Plus Collection Kit	_____
21G X 1"	_____	GC / Chlamydia:	
22G X 1"	_____	COBAS PCR Urine Sample Packet	_____
Barrels	_____	COBAS PCR Dual Swab Sample Packet (Female, Only)	_____
Aliquot Tubes	_____	Trichomonas Vaginalis:	
Biohazard Bag	_____	XPERT Vaginal/Encocervical Specimen Collection Kit (Female, Only)	_____
		XPERT Urine Specimen Collection Kit	_____
URINE / STOOL CONTAINER	QUANTITY	BLOOD CULTURE	QUANTITY
24 Hr Urine Collection	_____	Blue (Aerobic)	_____
Sterile Specimen Cup	_____	Purple (Anaerobic)	_____
Clean Catch Urine Kit	_____	Pink (Pediatric)	_____
Stool Container	_____	Prep Kits	_____
OCP Kits (Para Paks)	_____		
OTHER			

Check one:

_____ Approved

_____ Changes marked. Please send revised proof.

Changes: _____

After you approve the attached proof, any errors will be your responsibility.

Signature: _____

Name (please print): _____ Phone: _____

Department: _____ Date: _____