



Client Name: _____

Client ID#: _____

Client Phone: _____

Client Fax: _____

PLEASE FAX ALL SUPPLY ORDERS TO 818-994-4989
SUPPLY DEPT HOURS: 8AM-4PM, CLOSED FOR LUNCH: 12PM-1PM

	QTY
TUBES	
Serum Separator (SST) Red/Gry 8.5ml	
Lavender top tube 4ml	
Red top tube 4ml	
Grey top tube 4ml	
Blue top tube 4ml	
Royal blue top tube (EDTA) 6ml	
Royal Blue top. Trace Element.6ml	
Yellow top tube 8.5ml	
Green top tube (Lithium heparin) 6ml	
Green top tube (Sodium heparin) 4ml	
Red top tube (Plain) 9ml	
PEDIATRIC TUBES	
Serum separator (SST) gold top 3.5ml	
COVID-19	
COVID-19 Swabs	
VENIPUNCTURE NEEDLES/LANCENTS	
Needles 21 G x 1"	
Needles 22 G x 1"	
Lancets	
GLUCOSE	
Glucola 50 grams (orange)	
Glucola 75 grams (orange)	
Glucola 100 grams (orange)	

	QTY
CYTOLOGY/BIOPSY	
Biopsy Bottles (15ml)	
Biopsy Bottles (40ml)	
Biopsy Bottles (180ml)	
BD Affirm	
Aptima Gen-probe (Unisex)	
Thin Prep Kit W/ Brush/Spatula	
Thin Prep Kit W/ Broom	
Pap Smear Kit	
Sure Path Kit W/ Brush/Spatula	
Sure Path Kit W/ Broom	
MICROBIOLOGY	
Culture Swabs (Pink Top)	
Sterile Urine Cups. 6oz	
O&P. Stool Container, 20cc (1set)	
Para-Fix. (C&S Medium)	
OTHER	
Requisition Forms (100 pages)	
Specimen Bags (50 bags)	
Biohazard Container (2gal)	
Family Pact Requisition Forms (100 Qty)	
24HR URINE	
24hrs Urine Container (plain)	
24hrs Urine Container (HCL acid)	
24hrs Urine Container (Boric acid)	
24hrs Urine Con, Washing Acid	

Recipient's Name _____

Date _____

Recipient's Signature _____