

# Hospital Supply Order Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Item	Requested	Filled
<b>Tubes/Needles</b>		
3 ml Mint Green Li Heparin		
Yellow Top ACD - Sol. B		
FDP Tubes		
6 ml Red Top		
7 ml Navy Top EDTA (NA2)		
7 ml Navy (Plain)		
3 ml Tan EDTA (lead)		
3 ml Dark Green Li Heparin		
3 ml Green NA Heparin		
6 ml Pink Top (BB)		
Amber Transfer Tubes		
Transfer Tubes		
Transfer Lids		
Serotonin Transfer Tubes		
QuantiFERON Kits		
iFOB Occult Blood Collection		
Fetal Fibronectin Kits		
<b>Urine Collection</b>		
24 Hour Urine Container		
Urine Specimen Cup - Blue Lid		

Item	Requested	Filled
<b>Microbiology</b>		
Aerobic Swabs (White)		
Anaerobic Swabs (Grey)		
Charcoal Swabs, Vag & GC (Black)		
Viral Culture Media		
Nasoswabs (Flu & RSV)(Orange)		
Chlam/GC DNA Swabs (Male)		
Chlam/GC DNA Swabs (Female)		
Culturette II Swabs (Red)		
Peds Blood Culture Bottle		
Aerobic Blood Culture Bottle		
Ova & Parasite Media		
Anaerobic Blood Culture Bottle		
Stool Culture Media		
Stool Cups		
Mycolytic Bottle (Fungus & TB)		
Affirm Transport System Kits		
<b>Forms</b>		
Lab Requisition - Hospital		
Lead Requisition		
MSAFP/Triple Marker Form		
Pathology Requisition		

Item	Requested	Filled
<b>Pathology</b>		
Pap Smear (1 Slide)		
Pap Smear (2 Slides)		
Pap Smear Fixative		
40 ml Biopsy Containers		
120 ml Biopsy Containers		
240 ml Biopsy Containers		
ThinPrep Pap Solution		
Endocervical Spatula/Brush _____ Broom _____		
<b>Miscellaneous</b>		
Specimen Bags - Clear		
Specimen Bags - Green		
Specimen STAT Bags		
Large Tracking Bags		
Atlas Labels (Dymo)		
<b>Other</b>		

**All requested supply items will be verified by prior account usage and filled appropriately**

**Please fax request to 309-624-9037  
or give to courier to deliver**

By signing, I certify that all requested supplies will be utilized solely for the purpose of specimen collection for samples being submitted to the OSF System Laboratory

Signed: \_\_\_\_\_

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