



MEADVILLE  
MEDICAL  
CENTER

**MORE**  
THAN A HOSPITAL

# SUPPLY ORDER FORM

DR. OFFICE \_\_\_\_\_

FAX # 333-5195

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Date filled  
\_\_\_\_\_

Initials \_\_\_\_\_

Approved supplies are available at no cost providing they are used for testing by Meadville Medical Center Laboratory.

Please indicate supply desired in left-hand column.

QNT	DESCRIPTION	QNT	DESCRIPTION	QNT	DESCRIPTION
	<b>CYTOLOGY / PATHOLOGY</b>		<b>MISCELLANEOUS</b>		<b>URINE SUPPLIES</b>
	BRUSHES		BIOHAZARD CONTAINER (LARGE)		CHLAMYDIA / GC- RNA (APTIMA) - URINE
	BROOMS		BIOHAZARD CONTAINER (SMALL)		CUPS - NON STERILE
	PATHOLOGY (FORMALIN) CUPS - Large		BIOHAZARD TRANSPORT BAGS		CUPS - STERILE
	PATHOLOGY (FORMALIN) CUPS - Small		BLOOD BANK <input type="checkbox"/> BAND <input type="checkbox"/> CARD		CUPS – STERILE- CLEAN CATCH (w / WIPE)
	SCRAPERS wooden / plastic		LABELS PLAIN (specimen label)		PRESERVATIVE TUBE-(URINALYSIS/ CULTURE)
	SLIDES (100/box)		“STAT”		PEE STRAINERS
	SLIDE HOLDERS (Folder)		OFFICE NAME (# of sheets)		URINE COLLECTION “HATS”
	SLIDE FIXATIVE		<b>PHLEBOTOMY</b>		<b>VACUTAINER TUBES</b> (BOXES CONTAIN 100 TUBES)
	THIN PREP PAP SMEAR - KIT		BUTTERFLY (23 GAUGE )		BLUE <input type="checkbox"/> 2.7 ML Box <input type="checkbox"/>
	<b>MICROBIOLOGY MEDIA / KITS</b>		TOURNIQUET		GRAY <input type="checkbox"/> 4 ML Box <input type="checkbox"/>
	CHLAMYDIA / GC- RNA (APTIMA) - PURPLE (Endocervical-female or Urethral-male)		VACUTAINER NEEDLE HOLDER (HUBS)		GREEN (Na hep) <input type="checkbox"/> 4.0 ML Box <input type="checkbox"/>
	CHLAMYDIA / GC- RNA (APTIMA) – ORANGE (VAGINAL ONLY)		VACUTAINER NEEDLE (21 GA 1½”)		GREEN (Lithium hep) <input type="checkbox"/> 3 ML Box <input type="checkbox"/>
	HPV- DNA kits		VACUTAINER NEEDLE (22 GA 1½”)		PINK (Blood bank-EDTA) <input type="checkbox"/> 6 ML Box <input type="checkbox"/>
	PAPILLOMA VIRUS (DIGENE KIT)		<b>REQUISITION / FORMS</b>		LAVENDER (EDTA) <input type="checkbox"/> 4 ML Box <input type="checkbox"/>
	PINWORM KIT		LAB REQUEST FORM (# 40410)		RED (PLAIN) <input type="checkbox"/> 6 ML Box <input type="checkbox"/>
	RSV- BLUE BULB SYRINGE		MATERNAL SERUM SCREEN (L-027)		YELLOW / SST <input type="checkbox"/> 5 ML Box <input type="checkbox"/>
	VAGINITIS – DNA KIT		HEAVY METAL INFORMATION FORM		BLOOD CULTURE <input type="checkbox"/> 8.3 ML <input type="checkbox"/> 3.3 ML
	VIRAL CULTURE KIT		PAP SMEARS – MMC REQUISITION		
	<b>MICROBIOLOGY SWABS</b>		PATIENT ACKNOWLEDGEMENT OF NONCOVERED SERVICES ( <i>THIN PREP</i> )		
	AEROB/ANAEROB SWABS (GREEN-GEL)		PATHOLOGY / CYTOLOGY (Non-Gyn) (# 40230)		
	GENERAL SWABS (PINK-PLAIN)				
	MINI-TIP SWABS (ORANGE)				
	PERTUSSIS SWABS (CHARCOAL)		SUPPLY FORM - N/A <b>Copy this form</b>		