



CLIENT SUPPLY REQUISITION
 PLEASE DIRECT ALL ORDERS TO CLIENT SERVICES
 PHONE: 812-450-2740 FAX: 812-450-2474

Supply orders may be adjusted based on the types and amounts of samples submitted to Deaconess Regional Laboratory. Unless your order is requested sooner, please allow 72 hours for delivery.

Date Submitted _____ Date requested _____

Client Name _____

Order placed by: _____ Phone: _____

Laboratory Use Only:

Order prepared by: _____ Date: _____

Order delivered by: _____ Date: _____

Item Description	Unit of Measure	Qty Ordered	Qty Issued
Blood Collection Supplies			
Dark Blue Tubes - K2 EDTA 10.8 mg.	Each		
Light Blue Tubes - Sodium Citrate	Tray		
Light Green Tubes - Lithium heparin & PST gel	Each		
Lavender Tubes - EDTA	Tray		
Red Tubes - Plain	Tray		
Serum Separator/Gold Tubes	Tray		
Microtainer Tubes – Specify type:	Each		
Microtainer Tube Holders	Each		
Pour Of Tubes w/green caps	Each		
ARUP Tubes W/Lids <input type="checkbox"/> Clear <input type="checkbox"/> Amber	Each		
Pipette	Each		
Needles <input type="checkbox"/> 21 Gauge <input type="checkbox"/> 22 Gauge	Box		
Tourniquets	Each		
Sharps Container W/Lid <input type="checkbox"/> Small <input type="checkbox"/> Large	Each		
Guaze	Box		
Biohazard Specimen Bags	Bag		
Cytology Histology Supplies			
Biopsy Bottle W/Formalin	Each		
Thin Prep Pap Kits	Tray		
Pap Brooms	Bag		
Pap Spatulas/Brushes	Bag		
Pap Slides W/ Holders	Each		
Fixative	Each		
Cytolyt	Each		

Item Description	Unit of Measure	Qty Ordered	Qty Issued
Microbiology Supplies			
GC Chlamydia Probes	Each		
Sticker - Pink ("GC/Chlamydia")	Each		
Herpes/Viral Culture Media	Each		
Culture Swab Plus <input type="checkbox"/> Red <input type="checkbox"/> Blue	Each		
24 Hour Urine Jugs, Plain	Each		
Sterile Urine Cups W/Towelettes	Box		
Hats <input type="checkbox"/> Urine <input type="checkbox"/> Stool	Each		
Nonsterile Wooden Applicators	Box		
Ova & Parasite Kits	Each		
Stool Culture & Sensitivity Kits	Each		
Stool Occult Blood Cards	Each		
Forms			
Laboratory Supply Requisitions	Pad		
Laboratory Test Requisitions (attach copy)	Pkg.		
Histopath Requisitions	Pkg.		
Cyto/Histo Requisitions <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 4 x 7	Pkg.		
LabTest Paper	Pkg.		
Advanced Beneficiary Notice	Pad		
HIV Consent Forms	Each		
Glucola			
Orange Flavor <input type="checkbox"/> 50g	Box		
Other (Please Fill In Other Items Not Listed Above)			

Please note: The laboratory does not supply syringes or butterfly needles.

F-5889* (07/10)