

1. CLIENT INFORMATION

Client ID #: _____ * Client Name: _____ *

Date: _____ * Address: _____ *

Client Office Contact Name: _____ * Phone #: _____ *

* Indicates a Mandatory Field

2. ORDER

	Item Description	Units	Qty. Req.	Item #
Microbiology	Culture Swab Transport System – Charcoal	Bag/50		24307
	Chlamydia &/or GC BD ProbTec Swabs Female	Each		10120458
	Chlamydia &/or GC BD ProbTec Swabs Male	Each		10120478
	Fungus Scraping Kit	Each		10176058
	Stool Culture & Sensitivity (C&S) Kit	Each		10125779
	Stool Parasites - PCR Method (Parasite Swab)	Each		10178019
	Pinworm Kit	Each		10125978
	Sputum Culture & Sensitivity (C&S) Kit	Each		10125979
	Urine Culture & Sensitivity (C&S) Kit	Each		10125941
	Sterile 90ml Container with Orange Cap	Bag		10953
	Collection, Urine Ped, URC-010	BOX/10		10154257
	Castile Soap Towelette	Box/100		10251
Cytology	Pap Liquid Based Collection Vial (also for HPV testing)	PK/25		10170898
	Pap Collection Broom (Blue) (Rover)	PK/25		28124
	Pap Collection / Spatula With Brush (Purple) (Surepath)	PK/25		10092169
	HPV & Cytology Requisition	PD/25		10180041
	Fine Needle Aspiration Kit (Cytology)	Each		10125959
	Urine Collection Kit (Cytology)	Each		10126139
	Sputum Collection Kit (Cytology)	Each		10125958
Histology	Small Biopsy 40ml Container (Histology)	Each		10158178
	Medium Biopsy 90ml Container (Histology)	Each		10158158
	6x9 Ziploc Histology Bag	PK/100		10158118
	13x9 Ziploc Histology Bag	PK/100		10158138
	Histopathology Requisitions			
	Surgical Pathology Requisition (General Use)	PD/25		10180038
	Gastrointestinal Pathology Requisition	PD/25		10180039
	Gynecologic Surgical Pathology Requisition	PD/25		10144940
Dermatopathology Requisition	PD/25		10180040	
Miscellaneous	FOBT (CCC Occult Blood) <small>ColonCancerCheck</small>	PK/20		10154485
	Semen Analysis Kit	Each		10125940
	Poly Bag 6 x 9	PK		12640
	LTC On-Site Lab Services	PK/100		10149398
	FOBT (Non CCC Occult Blood)	Each		10111159
	Client Order Form	PD		10092500
	Flow Cytometry Requisition	PD/25		10106333
	Other			

3. MATERIAL SPECIALIST

Picked By: _____ Date (D/M/Y): _____