



**Central Illinois Reference Laboratory
Non-CHMH Supply Order Form**

Date: _____

Your Name: _____

Ordering Facility: _____

Please use Clinic/Family name and avoid using provider name(s) unless it is the name of the facility.

Street Address: _____

City: _____

Contact Phone: _____

Items supplied are intended to be used solely for specimens sent to Carle Health Methodist Reference Laboratory. The number of items provided will be monitored to ensure they correlate with the number of tests sent to the lab for processing. Supplies distributed are sometimes limited to stock on hand and may be reduced or substituted.

Please Note: Supply request may take 5-7 business days to be fulfilled. Fax this request to 309-672-4164. For supply questions, please contact Customer Service at 309-672-4911.

Supplies not on this order form are not provided by Methodist Reference lab unless specific to Referral laboratory requirements.

Item	UOM	Quantity
Bags – Amber Transport	100/PKG	
Bags – Standard Biohazard 6x9in	50/PKG	
Bags – Large Biohazard 15x12in	50/PKG	
Bags – STAT Biohazard bags 6x9in	50/PKG	
Biopsy Bottle – 40 mL	EACH	
Biopsy Bottle – 40 mL	BOX	
Biopsy Bottle – 120 mL	EACH	
Biopsy Bottle – 120 mL	BOX	
Biopsy Bottle – 180 mL	EACH	
Biopsy Bottle – 180 mL	BOX	
Biopsy Bottle – 480 mL	EACH	
Biopsy Bottle – 480 mL	BOX	
Blood Culture Bottles	PAIR	
Blood Culture Bottles – Pediatric	EACH	
Blood Culture Bottles – Fungal	EACH	
Collection – Alcohol Pads	200/BOX	
Collection – Band-Aids	50/BOX	
Collection – Gauze	200/PKG	
Collection – Tourniquets	250/PKG	
Container – Histo Small	EACH	
Container – Histo Medium	EACH	
Container – Histo Large	EACH	
Container – Histo XL	EACH	

Item	UOM	Quantity
Forms – Requisitions: Biopsy/Pathology	EACH	
Forms – Requisitions: PAP/Cytology	EACH	
Forms – Requisitions: Standard Clinical	EACH	
H. Pylori Breath Packs	EACH	
Labels – Courier Tracking	ROLL	
Lockbox	EACH	
Misc. Supply	EACH	
Needles – 21G	100/BOX	
Needles – 22G	100/BOX	
Needles – Vacutainer Needle Holders	500/BAG	
PAP – Collection Brushes	100/PKG	
PAP – Vials & Brooms	25/PKG	
Pinworm Paddles	EACH	
Stool – Cary Blair Transport Media (orange cap)	EACH	
Stool – Clean Vial	EACH	
Stool – Collection Container (Hat)	EACH	
Stool – Occult Blood Mint Green	EACH	
Stool – Occult Blood Mint Green	PKG	
Stool – Occult Blood Mint Green w/ mailer	EACH	
Stool – Ova & Parasite Parasep	EACH	
Swab – CTNG/Covid (yellow cap)	EACH	
Swab – CTNG/Covid (yellow cap)	100/BOX	
Swab – eSwab	EACH	

Item	UOM	Quantity
Swab – eSwab	50/BAG	
Swab – GeneXpert kit (Vag. Pathogens)	EACH	
Swab – GeneXpert kit (Vag. Pathogens)	50/BOX	
Swab – Ureaplasma/Mycoplasma	EACH	
Swab – Viral Transport Media (red cap)	EACH	
Swab – Viral Transport Media (red cap)	100/BOX	
Tube – Amber Transport Pour Off	EACH	
Tube – Dark Green Sodium Heparin	EACH	
Tube – Grey	EACH	
Tube – Grey	100/PKG	
Tube – Gold	EACH	
Tube – Gold	100/PKG	
Tube – Lavender	EACH	
Tube – Lavender	100/PKG	
Tube – Light Blue	EACH	
Tube – Light Blue	100/PKG	
Tube – Mint Green	EACH	
Tube – Mint Green	100/PKG	
Tube – Navy w/ EDTA (purple)	EACH	
Tube – Navy No Additive (red)	EACH	
Tube – Pink	EACH	
Tube – Pink	100/PKG	
Tube – Red	EACH	

Item	UOM	Quantity
Tube – Red	100/PKG	
Tube – Serotonin Transport Tube	EACH	
Tube – TB Quontoferon Kit	EACH	
Tube – Trace Free Transport Tube	EACH	
Tube – Transport Tube (ARUP)	EACH	
Tube – Transport Tube (ARUP)	100/PKG	
Tube – Transport (Falcon – Blue Cap)	EACH	
Tube – Transport (Falcon – Blue Cap)	??/PKG	
Typenex Blood Bank ID Band	EACH	
Typenex Blood Bank ID Band	BOX	
Urine – 24H Jug & Labels	EACH	
Urine – BD Vacutainer Kit (Blue Lid & 2 Tube)	EACH	
Urine – BD Vacutainer Kit (Blue Lid & 2 Tube)	50/BOX	
Urine – Cups	EACH	
Urine – Cups	100/BAG	
Urine – CTNG	EACH	
Urine – CTNG	100/BOX	
Urine – Grey Culture Tube w/ Straw	EACH	
Urine – Grey Culture Tube w/ Straw	50/BOX	
Urine – GeneXpert Trichomonas Kit	EACH	
Urine – GeneXpert Trichomonas Kit	5/BOX	
Urine – Yellow 10mL Non-Additive Tube	EACH	
Urine – Yellow 10mL Non-Additive Tube	100/BOX	

Additional Notes/Comments: