



SUPPLY ORDER FORM

Memorial Hospital Laboratory
 1400 East Boulder Street
 Colorado Springs, CO 80909
 Phone: 719-365-5260
 Fax: 719-365-6828

Practice Name:
Address:
Phone:
Contact Name:
Order Date:

- Please fax this form to 719-365-6828. Allow up to 2 days for supply delivery via courier.
- Or you can email us your supply order request to LabMHSCClientServices@uchealth.org.

QTY UNIT

CYTOLOGY		
	Pack of 25	ThinPrep Vials
	Pack of 25	Cytology Spatula/Brush Combo
	Pack of 25	Cytology Brooms
	Each	Cytology Fixative (60 mL cups)
	Each	Slide Rite (1.5 oz spray can)
	Box of 24	Slide Mailers (2 slides each)
	Each	Sterile Normosol Tubes
HISTOLOGY		
	Each	Formalin 20 mL pre-filled
	Each	Formalin 40 mL pre-filled
	Each	Formalin 120 mL pre-filled
URINALYSIS		
	Each	Vacutainer Collection Cup Only
	Each	Vacu-collection Kit (cup, speckled, gray)
	Box	Red/Yellow Speckled Top (UA) Vacu-tubes
	Box	Gray Top (urine culture) Vacu-tubes
	Box	Clear Top (urine no-additive) Vacu-tubes
	Each	24-hour Urine Containers
	Each	Pediatric Urine Adhesive Bags
MISCELLANEOUS		
	Each	Sterile Container
	Each	Fetal Fibronectin (FFN) Media
	Each	Tourniquets
	Each	Specimen Biohazard Bags
	Each	Urine Hats

QTY UNIT

MICROBIOLOGY		
	Each	Aerobic, Anaerobic, or Fungal Cult, Gram stain (Eswabs)
	Each	Herpes, CMV, VZ, other viral PCR Collection Kits (Swabs +PBS)
	Each	GC / Chlamydia: Aptima, unisex
	BOX	GI PCR Media, Orange Parapak (Stool Cult Discontinued)
	Each	Stool Parapak O&P Transport Media (white/pink/grey set)
	SETS	Blood Culture Bottles – Adult
	Each	Blood Culture Bottles – Pediatric
	Each	Pinworm Prep Vials
	Each	Rapid Flu/RSV/Covid Collection Kits (Swabs+PBS)
	Each	MVP PCR Vag Panel Cepheid Xpert Swab (BV, Candida spp, Candida glab/krus, Trich)
	Box of 20	FIT Personal Use Kit
BLOOD COLLECTION		
	Box of 48	21G straight needles
	Box of 48	22G straight needles
	Box	Vacutainer, Lavender
	Box	Vacutainer, Green
	Box	Vacutainer, SST Red/Gold
	Box	Vacutainer, Gray
	Box	Vacutainer, Blue - Coag
REQUISITIONS		
	Each	General Laboratory Request Form 42005
	Each	OB/GYN Laboratory Request Form 43124
	Each	Cytopathology GYN Request Form 42427
	Each	Histology (Surg Path) Request Form 43038
	Each	Client Services Supply Order Form 41823

Order Filled By:

Date: