



Memorial Hospital Laboratory Services
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 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	Thin Prep 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
	EACH	Pap Pack (Conventional Pap, Tzanck)
HISTOLOGY		
	EACH	60 ml B+ Fixative
	EACH	Formalin 20ml prefilled
	EACH	Formalin 40ml prefilled
	EACH	Formalin 120mL prefilled
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 Cult, gram stain (Eswabs)
	EACH	Strep A throat /Strep B genital (Dual Red swabs)
	EACH	Herpes/Chlamydia/Viral Cult Media
	EACH	GC/Chlam: GEN-PROBE, unisex
	EACH	Sterile containers (Stool, Sputum)
	EACH	Stool Parapak Transport Media
	SETS	Blood Culture Bottles – Adult
	EACH	Blood Culture Bottles – Pediatric
	EACH	Pinworm prep vials
	EACH	Rapid Flu/RSV Collection Kits
	EACH	Vaginosis Panel Devices (Gardnerella/ Yeast/ Trichomonas)
	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
	EACH	OB/GYN Laboratory Request Form
	EACH	Cytopathology GYN Request Form
	EACH	Histology (Surg Path) Request Form
	EACH	Client Services Supply Order Form

Order filled by _____
Date _____