Laboratory Supplies Request Form **Number_____**

St. Vincent HEALTHCARE | SCL Health
P.O. Box 35200, Billings, MT 59107-5200

Person Requesting	Date	Ship To

Needles	Unit	Amt	Culture	Unit	Amt
21G 1½" Multi-collection	48/Flat		Sterile Container, Urine	Each	
22G 1½" Multi-collection	48/Flat		Urine Tube Grey 364953	Each	
Single use needle holders	250/Bag		Stool Culture Transport Media(ETM)	Each	
			O&P Media (Proto-Fix Red Cap)	Each	
			GC/Chlamydia Probe Male	Each	
			GC/ Chlamydia Probe Female	Each	
			Viral Media (Ma6 Transport, Red Cap)	Each	
			Aerobic Culturette (Blue Cap)	Each	
			Anaerobic Culturette (Black Cap)	Each	
			Swab, Flocked (General Purpose)	Each	
			Swab Flocked (Nasal Pharyngeal)	Each	
			Blood Culture Bottle, Green & Purple	Pair	
			Blood Culture Bottle, Blue & Purple	Pair	
			Blood Culture Bottle, Yellow (Peds)	Each	
Tubes			Blood Culture Prep Kit,	Each	
Blue 3.5 mL	100/Flat		BBL Double Culture Swab (Pertussis)	Each	
Blue 2.0 mL	100/Flat				
Purple 4.0 mL	100/Flat				
Purple 3.0 mL	100/Flat				
Purple 0.5 mL Pediatric	50/Flat				
Gold/Red 3.5 mL with GEL SST 1	100/Bag				
Red/Brick 8.5 mL with GEL SST	100/Flat				
Red 4.0 mL No GEL	100/Flat				
Red 10.0 mL No GEL	100/Flat				
Red 0.8 mL Pediatric	50/Bag				
Green 4.0 mL	100/Flat		**Miscellaneous**		
Green 0.8 Pediatric	50/Bag		24 Hr Urine Jug	Each	
Pink 6.0 mL	100/Flat		Fetal Fibronectin Kit	Each	
Grey 2.0 mL	100/Flat		Supply Request Order Forms	Each	
Royal Blue 6.0 mL Plain	Each		Clinical Lab Requisition Forms	100/PK	
Royal Blue 6.0 mL EDTA (lead)	Each		Specimen Bags	Each	
			Transfer Pipettes	Each	
Order Take by:			Order Filled by:		Date
(Rev. 1/2015)					