

**Supply Request Form:
 Skilled Nursing Facilities, Assisted Living Facilities, Independent**
Location: _____

Address: _____

City & Zip: _____

Phone: _____

Date: _____ **Wing/Station:** _____

Contact Name: _____

REQUISITIONS:			
Blood & Microbiology			_____ each
Pathology			_____ each
Cytology			_____ each
Flow Cytometry			_____ each
Molecular/FISH			_____ each
Custom (Please specify)			_____ each
FORMS:			
Advanced Beneficiary Notice (ABN)			_____ pack
Medicare Secondary Payer Form (MSP)			_____ pack
CULTURETTE SWABS:			
White Bacterial Flocked	220245	(50/bx)	_____ each / _____ box
Blue Bacterial (Mini Tip) Flex	220532	(50/bx)	_____ each / _____ box
Red Viral/Flu Flex	220526	(50/bx)	_____ each / _____ box
MISCELLANEOUS:			
Biohazard Specimen Bags 6X9	6090	(100/pk)	_____ pack
Sterile Collection Cups	5672321	(100/bx)	_____ each / _____ box
ParaPak Stool Collection Kit	398560	(7/bx)	_____ each / _____ box
Stool Collection Hats	4014	(100/bx)	_____ each / _____ box
Urine UA/CS Split Kit	364956	(50/bx)	_____ each / _____ box
Oc-Fit Kits (Occult Blood Test)	OCFIT	(20/bx)	_____ each / _____ box
PRINTER SUPPLIES:			

**If you have any questions regarding supplies, please call (727) 524-3930 or (888) 277-2730.
 Fax order to laboratory supplies at (727) 535-0643 or (866) 300-5010.**