

SUPPLY REQUISITION

MERITER LABORATORIES

36 S. Brooks St. – Madison, WI 53715

To place an order by phone dial: (608) 417-6529 or (800) 236-0465

To place an order by fax: (608) 417-6393

Courier Route: _____

Please Provide Complete Information

Date: _____

Individual Ordering: _____
(please print full name)

Facility's Name _____
(please print full name)

Telephone: _____

The supplies provided by Meriter Laboratories are solely to be used for the collection and preparation of specimens which are being sent to our Laboratory for testing. Federal regulations prohibit using supplies provided by our company for any other use. Placing orders for and receiving supplies is an acknowledgment of understanding and agreeing to these conditions. **ML reserves the right to reduce the number of supplies ordered per client due to previous usage and or expired supply returns.**

Please allow 3 working days for delivery by courier and 1 week for delivery by mail.

REQUISITION FORMS

- ____ Client Requisitions
- ____ Histology Requisitions
- ____ Nursing Home Requisitions
- ____ Supply Requisitions
- ____ Veterinary Requisitions

COLLECTION TUBES

#Single #Flat

- ____ Lt Blue 1.8 mL (Na Citrate) Short Draw
- ____ Lt Blue 2.7 mL (Na citrate)
- ____ Lt Green 3 mL (PST Lithium heparin)
- ____ Dk Green 4 mL (Lithium heparin no gel)
- ____ Dk Green 4 mL (Sodium heparin no gel)
- ____ Lavender 4 mL (EDTA)
- ____ Navy 6 mL Zinc (Trace No additive)
- ____ Navy 6 mL K2 EDTA (lead testing)
- ____ Pink 6 mL (Blood Bank K3 EDTA)
- ____ Red 4 mL w/ clot activator (No Gel)
- ____ Red 10 mL w/ clot activator (No Gel)
- ____ Gold 4 mL w/ clot activator (SST)
- ____ Yellow 6.0 mL (HLA) (ACD solution B)
- ____ Amber SST **Microtainer** 500 µl
- ____ Lt Green PST Li Hep **Microtainer** 500 µl
- ____ Lavender **Microtainer** 500 µL (EDTA)
- ____ Quantiferon TB Gold 1 Tube kit
- ____ Quantiferon TB Gold 4 Tube kit

COLLECTION CONTAINERS

- ____ Fecal Fat Stool Containers (Test Dependent)
- ____ Serum Transport Vials (with caps)
- ____ Sterile Screw Capped urine cups (90 mL)
- ____ 24 Hour NO PRESERVATIVE Urine Containers

MICROBIOLOGY SUPPLIES

- ____ APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens
- ____ APTIMA Urine Collection Kit for Male and Female Urine Specimens
- ____ APTIMA Vaginal Swab Specimen Collection Kit
- ____ BBL **double** CultureSwab Collection and Transport System with Liquid Stuart's media
- ____ BD Universal Viral Transport Media
- ____ Blood Culture Sets Adult (Aerobic, Anaerobic)
- ____ Blood Culture Sets Pediatric (Aerobic)
- ____ ChloraPrep Applicator
- ____ Pertussis PCR Swab
- ____ Stool Collection Transport vial (**ORANGE CAP**)
(Use for Enteric Pathogen PCR Panel)
- ____ Stool Collection SVT Transport vial (**GREEN CAP**)
(Use for Ova and Parasites)
- ____ A.C.T. II Sterile Culture Transport System (Aerobic, Anaerobic)
(Use for sterile body fluids)
- ____ H.Pylori Breath Kit

MISCELLANEOUS SUPPLIES

- ____ Fetal Fibronectin Test 00797
- ____ Formalin Bottles Single (20 mL)
- ____ Formalin Bottles Single (40 mL)
- ____ Formalin Bottles Single (60 mL)
- ____ Formalin Bottles Single (120 mL)
- ____ Formalin Carton 24/Box (20 mL)
- ____ Formalin Carton 24/Box (40 mL)
- ____ Formalin Carton 24/Box (60 mL)
- ____ Formalin Carton 24/Box (120 mL)
- ____ Specimen Bags (6 x 9)
- ____ Saliva Cortisol Kits
- ____ Zeus Media
- ____ Pinworm Kit
- ____ OTHER (write in quantity and item)

CYTOLOGY SUPPLIES

Empty Specimen Containers:

- ____ 2 Cup
- ____ 4 Cup
- ____ 8 Cup
- ____ Lg Handled Placenta

Please make a copy for your records