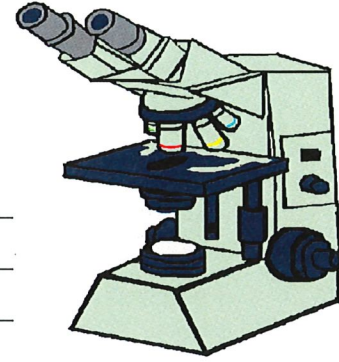


St. Joseph's/ Candler Health System
 Laboratory Outreach
 Phone: 912-819-8440 Fax: 912-819-3808
 Email: labcustomerservice@sjchs.org

Client Supply Order Form



Account Name _____
 Account Address _____
 Phone # _____
 Date ordered _____ Date needed _____

# requested	Medline	SKU
	<u>Tubes</u>	
_____	SST (Gold) 100/BX	B-D367986Z
_____	EDTA (Lavender) 100/BX	B-D367861Z
_____	EDTA (Large Lav) 100/BX	B-D366643Z
_____	NaCitrate (Lt Blue) 100/BX	B-D363083Z
_____	Plain, no gel (Red) 100/BX	B-D367820Z
_____	Fluoride (Gray) 100/BX	B-D367925Z
	<u>Microtainer</u>	
_____	EDTA, Lavender 50/BX	B-D363706Z
_____	No Additive, Red 50/BX	B-D365963Z
_____	Lithium Hep, Green 50/BX	B-D365965Z
	<u>Urine Collection</u>	
_____	Sterile Specimen Cup /EA	DYND30362H
_____	Urinalysis (Yellow top) 100/BX	B-D364980Z
_____	Urine Kit (UA/C&S) 50/CS	B-D364956
_____	Urine Kit (C&S) 50/BX	B-D364953Z
_____	Urine Transfer Straws 100/PK	B-D364966Z
_____	24 Hour Urine Container /EA	DYND80024H
	<u>Microbiology</u>	
_____	Eswab (aer/ana culture) /EA	CPO480CH
_____	Viral Transport Media (FLU) 50/CS	BDM220531
	<u>Needles</u>	
_____	21g X 1.25" 48/BX	DYND3BCN21GZ
_____	22g X 1.25" 48/BX	DYND3BCN22GZ
_____	Vacutainer adapter/hub 250/BG	DYND3BCHLDRZ
_____	21G X 0.75" Safe Slide 50/BX	SSLIDEBCS21GZ
_____	23G X 0.75" Safe Slide 50/BX	SSLIDEBCS23GZ
	<u>OTHER</u>	
_____	Biohazard Bags 100/PK	DYND30269CTZ
_____	Tourniquets /EA	DYND75029H
_____	Glucola 50g /EA	AZR100050H
_____	Glucola 75g /EA	AZR100075H
_____	Glucola 100g /EA	AZR100100H

# requested	Client Services	# delivered
	<u>Tubes</u>	
_____	Royal Blue (EDTA) /EA	_____
_____	Royal Blue (plain) /EA	_____
_____	ACD (Yellow) /EA	_____
	<u>Microtainer</u>	
_____	Microtainer-SST Amber /EA	_____
	<u>Microbiology</u>	
_____	Aptima swab /EA	_____
_____	Blood Culture Bottles 2/SET	_____
_____	Stool Culture kit /EA	_____
_____	Ova and Parasite kits /EA	_____
_____	COBAS tubes (swab) /EA	_____
_____	COBAS tubes (urine) /EA	_____
	<u>Pathology</u>	
_____	Tissue with Formalin 60 ml /EA	_____
_____	Tissue with Formalin 120 ml /EA	_____
_____	Tissue with Formalin 500 ml /EA	_____
_____	Thin- Prep Pap /EA	_____
_____	Cyto-Brushes /EA	_____
_____	Cervical Scrapers /EA	_____
	<u>Other</u>	
_____	Requisitions /100	_____
_____	Meditech Labels	_____

Date order received _____
 Filled date/initials _____
 Delivery date/initials _____

____ Items on backorder. Will be delivered when available.

*Allocated amounts vary by location. To check on delayed orders e-mail labcustomerservice@sjchs.org.