SSM Health St. Mary's Laboratory Client Supply Requisition

Please fax requests to 608-259-5865

Date: _____ Client :_____ Contact Name:_____ phone #_____ Courier Rt___

Requisitions

_____ Each Client Clinical Test Req
_____ Each Surgical / Cyto Pathology Req
_____ Each Microbiology Req

Blood Collection Supplies

_____ Microtainer Blood- no additive
_____ Microtainer EDTA whole blood
_____ Microtainer PST

_____ Vacutainer Gray Sodium Flo
_____ Vacutainer Yellow Sol A ACD
_____ Vacutainer Light Blue 1.8 ml
_____ Dk Bl Trace Element K2 EDTA
_____ Dk Bl Trace Element K2 EDTA

_____ Vacutainer Heparin (Na)
_____ Vacutainer Lavender
_____ Vacutainer Pink
_____ Vacutainer PST (mint green)
_____ Vacutainer Dark Green Lithium Hep
_____ Vacutainer SST (yellow)
_____ Vacutainer Red

Microbiology Collection Supplies

_____ Each E Swab - white cap
_____ Each E Swab - green cap
_____ Each Anaerobic Fluid Transport Vial
_____ Each Anaerobic Surgical Tissue Transport
_____ Each Culture Single Swab - white cap
_____ Each Culture Double Swab - red cap
_____ Each BC bottles Adult-Aerobic Plus
_____ Each BC bottles Adult-Anaerobic Plus
_____ Each BC bottles Peds-Aerobic Plus
_____ Each BC Fungal Isolator 10 mL Tube
_____ Each BC Quant Isolator 1.5 Line Eval

_____ Each Chlam/GC/Trich Unisex Swab Purple
_____ Each Chlam/GC/Trich Urine Kit Yellow
_____ Each Chlam/GC/Trich Vaginal Swab Orange

_____ Each O&P Collection Kit ARUP

_____ Each Mycoplasma Transport Media ARUP
_____ Each Quant Gold Collection Kit ARUP
_____ Each HSV 1+2 / VZV Kit
_____ Each Nasopharyngeal NP / Pertussis
_____ Box/20 SAF Giardia / Crypto Kit
_____ Each Stool PCR Transport Para-Pak
_____ Each Urine Culture Transport Tube/Straw
_____ Each Urinalysis Transport Tube Red/Yel

Tissue/specimen Containers

_____ Each 20ml Formalin filled
_____ Each 40ml Formalin Filled
_____ Each 90ml Formalin filled
_____ Each 8 oz/16 oz/ 1 qt /2.5 qt/ 5 qt w/lids

_____ Each Flow Cytometry Media (large / Small)

Miscellaneous Supplies

_____ Each Cortisol Salivary Kits
_____ Each Fetal Fibronectin Kit
_____ Each Mayo Sterile Transport Tubes
_____ Each Semen Analysis Kit (Mayo)
_____ Each Semen Analysis Media Only (Mayo)
_____ Each SSM White Cap Pour Over Tube

Urine Collection Supplies

_____ Each Urine aliquot containers 90 ml/Blue
_____ Each 24 hr Urine container (w/o preservative)
_____ Each ARUP Calculi Risk Urine Collection Kit

ARUP **Pour Over Tube (Circle type)**

_____ Each Plain Metal Free/Trace (blue cap)
Sterile Red Cap Brown

Biohazard Bags & Zip Ties

_____ Qty Regular Bio Bags 8 x 10
_____ Qty Large Plain Bio Bags 12 x 15
_____ Qty Small Biohazzard Bag 6 X 9

Cytology

_____ Each ThinPrep Collection Vials
_____ Each Brush / Spatula
_____ Each Broom
_____ Each Non-Gyn vials with 50% ETOH yellow lid

Other Supplies

Rev 04/2023

SLS filled by:_____ Date_____