

# Supply Request Form

## OHSU Health Hillsboro Medical Center Laboratory Services

Physician or office name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of order: \_\_\_\_\_

**We provide supplies for your use to collect & submit specimens to our laboratory. In compliance with Federal regulations, we cannot provide supplies if the specimen is being referred to a non-HMC laboratory.**

### FORMS

- ☐ Test requisition form (standard)
- ☐ Pap/biopsy requisitions (632883)
- ☐ Request for courier service (632876)
- ☐ Supply request form (632879)
- ☐ Diagnostic imaging form (631985)

**\* If the form you need is not listed above, please order through Materials Management @ (503) 681-1037.**

### PATHOLOGY SUPPLIES

- ☐ Formalin bottles  
\_\_\_\_\_ each 40ml \_\_\_\_\_ each 20ml
- ☐ Surepath (liquid based pap)  
\_\_\_\_\_ trays (25 bottles per tray)
  - ☐ Brooms ☐ Brushes & spatulas
  - ☐ Cervix-brush combi

### VACUTAINER TUBES

- \_\_\_\_\_ each Pink top 6ml
- \_\_\_\_\_ each \_\_\_\_\_ tray Target top 5ml
- \_\_\_\_\_ each \_\_\_\_\_ tray Lavender top 3ml
- \_\_\_\_\_ each Light blue top 2.7ml
- \_\_\_\_\_ each Royal blue EDTA
- \_\_\_\_\_ each Royal blue serum
- \_\_\_\_\_ each \_\_\_\_\_ tray Green Lith/Hep PST top 5ml
- \_\_\_\_\_ each \_\_\_\_\_ tray Gray top 4ml
- \_\_\_\_\_ each Red top 10ml
- \_\_\_\_\_ each PPT Tubes 6ml (purple)
- \_\_\_\_\_ each Blood culture bottles
  - ☐ Adult ☐ Pediatric

- ☐ GTT handout  
\_\_\_\_\_ ENG (668306) \_\_\_\_\_ SPA (668307)

### MISC

- \_\_\_\_\_ each \_\_\_\_\_ bag Culture swabs
- \_\_\_\_\_ each Herpes media (UTM was VCM)
- \_\_\_\_\_ each Aptima Multitest (orange label)
- \_\_\_\_\_ each Aptima Unisex (white label)
- \_\_\_\_\_ each O&P kits (black lid)
- \_\_\_\_\_ each Stool culture transport media (orange lid)
- \_\_\_\_\_ pack Stool containers
- \_\_\_\_\_ box Urine containers (sterile)
- \_\_\_\_\_ each 24-hour urine containers
- \_\_\_\_\_ each Urine C&S transport kit
- \_\_\_\_\_ each Specipan (urine hats)
- \_\_\_\_\_ each Specimen transport bags
- \_\_\_\_\_ each Tourniquets
- \_\_\_\_\_ each FOB kits (was fit kits)
- \_\_\_\_\_ each Flu swabs/Covid kits

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FAX THIS FORM TO LABORATORY CLIENT SERVICES @ (503) 681-1609**