

Longs Peak Hospital Laboratory Services 1750 East Ken Pratt Blvd Longmont, CO 80501

Phone:	(720)	718-1050 F	Fax: (720)	718-0902
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Practice name:	
Address:	
Contact name:	
Phone:	Date:

Please fax this form to 720-718-0902. Allow up to 2 days for supply delivery via courier

QTY UNIT

UNIT						
CYTOLOGY						
Pack of 25	Sure path Vials					
Pack of 25	Cytology Spatula/Brush combo					
Pack of 25	Cytology Brooms					
	HISTOLOGY					
EACH	Formalin 20ml prefilled					
EACH	Formalin 40ml prefilled					
EACH	Formalin 60ml prefilled					
EACH	Formalin 120mL prefilled					
	URINALYSIS					
EACH	Sterile Collection Cup					
EACH	Urine Kit (cup, speckled, gray)					
вох	Red/Yellow Speckled Top (urinalysis)					
вох	Gray Top (urine culture) vacu-tubes					
вох	Clear Top (urine chemistry) vacu-tubes					
EACH	24 Hour Urine Containers					
	MISCELLANEOUS					
PACK	Biohazard transport bags					
	Pack of 25 Pack of 25 Pack of 25 Pack of 25 EACH EACH EACH EACH BOX BOX BOX EACH					

OTY UNIT

QTY	UNIT					
	MICROBIOLOGY					
	EACH Aerobic, Anaerobic Cult, gram stain (Eswabs)					
	EACH Strep A throat /Strep B genital (Eswabs)					
	EACH	Herpes/Chlamydia/Viral Cult Media				
EACH		GC/Chlam: GEN-PROBE, unisex				
EACH		Sterile containers (Stool, Sputum)				
EACH		Stool Parapak Transport Media				
SETS		Blood Culture Bottles – Adult				
	EACH	Blood Culture Bottles – Pediatric				
	EACH	Rapid Covid/Flu/RSV Collection Kits				
	EACH	Vaginosis Collection Kit (Gardnerella/ Yeast/ Trichomonas)				
	BLOOD COLLECTION					
	BOX 21G Straight needles					
	вох	22G Straight needles				
	BOX Vacutainer, Lavender					
BOX Vacutainer, Green		Vacutainer, Green				
BOX		Vacutainer, SST Red/Gold				
	BOX Vacutainer, Blue - Coagulation					
		REQUISITIONS				
	EACH General Laboratory Request Form					
	EACH	OB/GYN Laboratory Request Form				
	EACH Cytopathology GYN Request Form					
	EACH Histology (Surg Path) Request Form					
	EACH	Client Services Supply Order Form				

Order	filled by		