NEW LONDON HOSPITAL LABORATORY SUPPLY REQUEST FORM
FOR PRIVATE PRACTICES

PLEASE ALLOW ONE WEEK TO FULFILL THIS REQUEST

OFFICE _____ _____ DATE _____

QTY	*UM*	*ITEM*	*QTY*	*UM*	*ITEM*
_____	PACK	LAB SPECIMEN BAGS	_____	EACH	BLOOD TRANSFER DEVICE
_____	EACH	RED TOP TUBE 4 ML	_____	EACH	21 G NEEDLES W/HOLDERS
			_____	EACH	22 G NEEDLES W/HOLDERS
_____	EACH	YELLOW TOP SST 5.0 ML	_____	EACH	21 G BUTTERFLY NEEDLES
_____	EACH	YELLOW TOP SST 3.5 ML	_____	EACH	23 G BUTTERFLY NEEDLES
_____			_____	EACH	25 G BUTTERFLY NEEDLES
	EACH	BLUE TOP TUBE 1.8 ML	_____	EACH	NEEDLE HOLDERS
_____	EACH	BLUE TOP TUBE 2.7 ML			
_____			_____	EACH	AFFIRM COLLECTION KIT
	EACH	LAV TOP TUBE 2 ML	_____	EACH	SAF PARAPAK FOR STOOLS (O&P)
_____	EACH	LAV TOP TUBE 4 ML	_____	EACH	C&S PARAPAK FOR STOOLS
_____					USE FOR BOTH CULTURE AND
	EACH	GREY TOP TUBE 4 ML			PARASITE SCREEN STOOL
	EACH	GREEN TOP PST 3 ML	_____	EACH	VIRAL TRANSPORT MEDIA
			_____	EACH	APTIMA UNISEX KIT GC/CHLAMYDIA
_____	EACH	PINK TOP BLOOD BANK	_____	EACH	APTIMA URINE KIT GC/CHLAMYDIA
			_____	EACH	PERTUSSIS KIT
_____	EACH	TOURNIQUET			
_____	EACH	GREEN TOP TUBE SODIUM HEPARIN (FOR SPECIAL TESTING)			
_____	EACH	EDTA ROYAL BLUE TOP TUBE 7 ML (FOR SPECIAL TESTING)			
_____	EACH	NO ADDITIVE ROYAL BLUE TOP TUBE 7 ML (FOR SPECIAL TESTING)			
_____	SETS	BLOOD CULTURE BOTTLES ADULT			
_____	EACH	BLOOD CULTURE BOTTLES PEDIATRIC			
_____	EACH	SWABS FOR INFLUENZA SCREEN			
_____	SINGLE	PAP-PAK PAP KITS FOR TZANK SMEARS ONLY			
_____	BOX	THIN PREP PAP KIT			
_____	EACH	SURGICAL REQUISITION FORMS			
_____	EACH	CYTOLOGY REQUISITION FORMS			
_____	PKG	LAB OUT PATIENT REQUISITIONS (GENERAL)			
_____	PKG	LAB OUT PATIENT REQUISITIONS (MICROBIOLOGY)			
_____	15ML	FORMALIN JARS			
_____	30ML	FORMALIN JARS			
_____	OTHER	_____			

OBTAIN THE FOLLOWING FROM NLH MATERIALS MANAGEMENT

		CULTURETTES AND URINE CUPS - CALL MATERIALS MANAGEMENT

DATE REQUEST RECEIVED _____ DATE REQUEST FILLED _____

DATE OFFICE NOTIFIED _____

LA 13052.1f1