

SUPPLY REQUEST FORM

NLH PRACTICES

PLEASE ALLOW ONE WEEK TO FULFILL THIS REQUEST

OFFICE _____ **DATE** _____

AMOUNT	PRODUCT
_____ each	15 ML FORMALIN JARS
_____ each	30 ML FORMALIN JARS
_____ each	90 ML FORMALIN JARS
_____ each	OTHER SIZE FORMALIN _____
_____ each	C&S PARAPAK - STOOL USE FOR BOTH CULTURE AND PARASITE SCREEN
_____ each	SAF PARAPAK - STOOL FOR O&P
_____ each	PAP PAK FOR TZANK PREP ONLY
_____ pkg of 25	THIN PREP KITS
_____ each	AFFIRM COLLECTION KIT
_____ each	APTIMA UNISEX GC CHLAMYDIA TRANSPORT
_____ each	APTIMA URINE GC CHLAMYDIA TRANSPORT
_____ each	VIRAL TRANSPORT MEDIA
_____ each	PERTUSSIS KIT
_____ each	SWABS FOR INFLUENZA
_____ set	BLOOD CULTURE - ONE AEROBIC/ONE ANAEROBIC - ADULT
_____ each	BLOOD CULTURE - PEDIATRIC
_____ each	ACCU-CHEK COMFORT CURVE TEST STRIPS
_____ set	ACCU-CHEK COMFORT CURVE CONTROLS
_____ set of 2	3 VOLT LITHIUM BATTERIES FOR GLUCOSE MONITOR
_____ set	KOVA URINE CONTROLS
_____ each	VRH SURGICAL PATHOLOGY REQUISITION
_____ each	VRH CYTOLOGY REQUISITION
_____ pkg	NLH LABORATORY REQUISITION (GENERAL)
_____ pkg	NLH MICROBIOLOGY REQUISITION
_____ bundle	ZIP LOCK SPECIMEN BAGS - ROUTINE TESTS
_____ bundle	ZIP LOCK SPECIMEN BAGS RED - STAT TESTS
_____ each	GREEN TOP SODIUM HEPARIN TUBE (FOR SPECIAL TESTING)
_____ each	EDTA ROYAL BLUE TUBE (FOR SPECIAL TESTING)
_____ each	NO ADDITIVE ROYAL BLUE TUBE (FOR SPECIAL TESTING)
_____ _____	OTHER - SPECIFY _____

CHECK YOUR PMM ORDER TEMPLATE FOR OTHER SUPPLIES
THAT ARE AVAILABLE FROM MATERIALS MANAGEMENT

Date request received _____
Date request filled _____
Date office notified _____