

CLINICAL LABORATORY SUPPLY ORDER FORM

| | |
|---|------------------------|
| Adventist Health Glendale Clinical Laboratory 1509 Wilson Terrace Glendale, CA 91206-4007 Tel: (818)409-8317 Fax: (818) 863-4907 | Client Name: |
| | Client Address: |
| | Date: |
| | Requested by: |

TO ENSURE PROMPT AND ACCURATE DELIVERY, PLEASE PROVIDE ALL INFORMATION REQUESTED
 Indicate necessary supplies and fax completed form to Client Services Department **Fax: (818) 863-4907**
Please allow three business days for supply delivery.

| Item Description | Quantity Requested | Quantity Issued |
|---|--------------------|-----------------|
| Forms | | |
| Laboratory Request Sheet | | |
| Surgical Pathology Request Sheet | | |
| Specimen Collection | | |
| 4 mL Lavender (EDTA) | | |
| 6 mL Pink (EDTA, Blood Bank) | | |
| 5 mL Yellow (SST) | | |
| 3 mL Red (no additive) | | |
| 4 mL <input type="checkbox"/> 6 mL <input type="checkbox"/> Green (Lithium Heparin) | | |
| 2.7 mL Blue (Sodium Citrate) | | |
| 4 mL Grey (Fluoride/Oxalate) | | |
| 6 mL Royal Blue (K2 EDTA) | | |
| 6 mL Royal Blue (No additive) | | |
| Urine Container (sterile, orange lid) | | |
| 24 hr. Urine Container | | |
| Thin Prep Pap kit (25pcs. per kit) | | |
| Formalin 30mL <input type="checkbox"/> 50 mL <input type="checkbox"/> | | |
| Cobas PCR Media (chlamydia swab for female) | | |
| eSwab (culture swab) | | |
| Hemosure iFOB kit (stool occult blood) | | |
| Ova & Parasite kit | | |
| Universal Transport Media w/flocked swab(M4) | | |
| Vacutainer Needle 21 G | | |
| Tourniquet | | |
| Vacutainer Holder | | |
| Alcohol Preps | | |
| Gauze | | |
| Antiseptic Towelettes | | |
| Specimen bags | | |
| Miscellaneous | | |
| | | |
| | | |
| | | |

Delivered by: _____

Date: _____