



## SUPPLY ORDER

PHONE NO: (316) 265-4533      FAX NO: (316) 265-2553

DATE	
CLIENT NAME	
ACCOUNT NO.	
ADDRESS	
CITY	
STATE	ZIP

FORMS	
UNIVERSAL TEST ORDER FORM	_____
PAP SMEAR / TISSUE FORM	_____
DRUG SCREEN – AMS FORM	_____
DRUG SCREEN – DOT FORM	_____
AFP / TRIPLE MARKER FORM	_____
ADD-ON TEST REQUEST FORM	_____
SUPPLY ORDER FORM	_____
ABN – FORM SETS	_____

MICROBIOLOGY	
URINE CULTURE VACUTAINER	_____
STERILE URINE CUPS	_____
CULTURE SWABS	_____
CULTURE SWAB PLUS	_____
PARA-PAK CULTURE	_____
PARA-PAK O & P	_____
VIRAL CULTURETTES	_____
CHLAMYDIA / GC GEN PROBE	_____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

TUBES	
SST 9.5 ML	_____
LAV 5 ML	_____
RED 7 ML	_____
RED 10 ML	_____
BLUE	_____

CYTOLOGY / TISSUE	
PAP-PAK	_____
LIQUID BASED PAPS	_____
TISSUE BOTTLES	_____

NEEDLES	
21 GAUGE 1 IN. MULTI	_____
22 GAUGE 1 IN. MULTI	_____

SHIPPERS	
TRANSPORT BOXES	_____
TRANSPORT BAGS	_____
24-HOUR URINE JUGS	_____
SERUM VIALS AND LIDS	_____

MISCELLANEOUS	
_____	
_____	
_____	
_____	

**DO NOT WRITE IN THIS SPACE – LAB USE ONLY**

BY	DATE	TIME
NOTES:		