SUPPLY ORDER FORM

MEADVILLE MEDICAL CENTER | MORE THAN A HOSPITAL

FAX # 333-5195

DR. OFFICE _____

DATE ____/_____/_____

Date filled _____

Initials ____

*Approved supplies are available at no cost **providing they are used for testing by Meadville Medical Center Laboratory**.*
Please indicate quantity of supply desired in left-hand column.

QNT	DESCRIPTION
	CYTOLOGY / PATHOLOGY
	BRUSHES
	BROOMS
	SCRAPERS
	THIN PREP PAP SMEAR KIT
	PATHOLOGY (FORMALIN) CUPS - Large
	PATHOLOGY (FORMALIN) CUPS - Small
	MICROBIOLOGY MEDIA / KITS
	CHLAMYDIA / GC- RNA (APTIMA) - **WHITE** (Endocervical-female or Urethral-male)
	CHLAMYDIA / GC- RNA (APTIMA) – **ORANGE** (VAGINAL ONLY)
	CHLAMYDIA / GC- RNA (APTIMA) – **YELLOW** (URINE ONLY)
	HPV- DNA kits
	PINWORM KIT
	VIRAL MEDIA
	STOOL COLLECTION KITS
	MICROBIOLOGY SWABS
	TEAL (AEROBIC CULTURE - PLAIN)
	MAGENTA (ANAEROBIC – GEL)
	ORANGE (MINI TIP)
	***For Micro specimen collection questions call 333-5670**

QNT	DESCRIPTION
	MISCELLANEOUS
	BIOHAZARD CONTAINER (LARGE)
	BIOHAZARD CONTAINER (SMALL)
	BIOHAZARD TRANSPORT BAGS
	LABELS PLAIN (specimen label)
	"STAT"
	OFFICE NAME (# of sheets)
	PHLEBOTOMY
	BUTTERFLY (23 GAUGE) Quantities limited
	TOURNIQUET
	VACUTAINER NEEDLE HOLDER (HUBS)
	VACUTAINER NEEDLE (21 GA 1½")
	VACUTAINER NEEDLE (22 GA 1½ ")
	REQUISITION / FORMS
	LAB REQUEST FORM (# 40410)
	MATERNAL SERUM SCREEN (L-027)
	HEAVY METAL INFORMATION FORM
	PAP SMEARS – MMC REQUISTION
	PATHOLOGY / CYTOLOGY (Non-Gyn) (# 40230)
	SUPPLY FORM - *N/A* ***Copy this form***

QNT	DESCRIPTION
	URINE SUPPLIES
	CHLAMYDIA / GC- RNA (APTIMA) – YELLOW
	CUPS - NON STERILE
	CUPS - STERILE
	CUPS – STERILE- CLEAN CATCH (w / WIPE)
	PRESERVATIVE TUBE-(URINALYSIS/ CULTURE)
	PEE STRAINERS
	URINE COLLECTION "HATS"
	VACUTAINER TUBES – Indicate quantity
	BLUE
	LAVENDER (EDTA)
	RED (PLAIN)
	YELLOW / SST
	BLOOD CULTURE