**PARKVIEW HEALTH LABORATORIES**
**Client Supply Requisition**

Client Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Location: _____ Account Number: _____

Date Ordered: _____ Date Needed: _____

Date Filled: _____ By: _____

| Quantity Ordered | | DESCRIPTION | Quantity Sent |
|---|---|---|---|
| Bx | Ea | | |
| | | **Blood Collection Tubes** | |
| | | Serum Separator(SST) ❑5 ml ❑4 ml | |
| | | Red Top(Plain-No Additive) ❑10 ml ❑5 ml | |
| | | Lavender Top(EDTA) 3 ml | |
| | | Blue Top(Sodium Citrate for PT/PTT) ❑3 ml ❑2 ml | |
| | | Green Top(Sodium Heparin) 10 ml | |
| | | Green Top(Lithium Heparin) 4 ml | |
| | | Lith Heparin – PST | |
| | | Grey Top(Sodium Flouride/Potassium Oxalate) 4 ml | |
| | | Navy Top(No Additive) 7 ml | |
| | | Tan Top(Sodium Heparin) 5 ml | |
| | | Yellow Top(ACD) | |
| | | (Serotonin) 15 ml | |
| | | Vacu-Tec Sed Rate Tubes | |
| | | Microtainer ❑ Lavender ❑Plain | |
| | | ❑SST ❑ Amber | |
| | | **Blood Collection Supplies** | |
| | | Vacutainer Adapters (orange) | |
| | | Needles 21Gx1" | |
| | | Needles 22Gx1" | |
| | | Needles 23G Butterfly with Adapters | |
| | | Micro Lancets | |
| | | Tourniquets | |
| | | **Transport Supplies** | |
| | | Serum Transport Tubes with Blue Caps | |
| | | Specimen Transport Biohazard Bags | |
| | | Large Ziplock Transport Bags | |
| | | Sputum Collection Kits | |
| | | Ova & Parasite Kit (3 vials) | |
| | | Hemoccult Kits | |
| | | Stool Container (commode hat) | |
| | | **Transport Media** | |
| | | Misc. Aerobic Culture Collection (white label) | |
| | | Anaerobic Specimen Collection (hot pink label) | |
| | | Stool Culture Transport (yellow label) | |
| | | Blood Culture Sets ❑ aerobic ❑ anaerobic | |
| | | Chlamydia Transport Media (refrigerated) | |
| | | DNA Probe Collection for GC/Chlamydia: | |
| | | ❑ unisex | |
| | | ❑ urine | |
| | | | |
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| | | | |
| | | | |

| Quantity Ordered | | DESCRIPTION | Quantity Sent |
|---|---|---|---|
| Bx | Ea | | |
| | | **Urine Collection Supplies** | |
| | | Sterile Urine Containers | |
| | | Non-Sterile Urine Containers | |
| | | Vacutainer Sterile Urine Collection Kit | |
| | | Pediatric Urine Bags | |
| | | 24 Hour Urine Containers | |
| | | Vacutainer Sterile Urine Transport Kit 364949 | |
| | | **Urine Drug Screening Kits** | |
| | | Drug Screen Kits (S.B. Med Foundation) | |
| | | ❑ single specimen | |
| | | ❑ clinical specimen | |
| | | | |
| | | **Requisitions - Attach Copy** | |
| | | Clinical Requisition (Form 1945) | |
| | | Cytology/Surgical Requisition (Form 1945A) | |
| | | Drug Screen Requisition | |
| | | ❑ single ❑ clinical | |
| | | Client Supply Requisition | |
| | | Other (attach copy) | |
| | | **Miscellaneous Supplies** | |
| | | Report Paper (Form 2811) | |
| | | Printer Ribbons: | |
| | | Microline Okidata | |
| | | Other | |
| | | Glucola ❑ 100 gm ❑ 50 gm | |
| | | **Other** | |
| | | (Please be specific and attach example.) | |

2472 (5-05)