Aspen Valley Hospital Laboratory Supply Order Request for Outreach Clinics and Physician Offices

Fax this form to: 544-1593

Office Rep:

Office/Dr:_____ Office Location:_____ Date: _____

| ITEM DESCRIPTION | HOW SUPPLIED | QTY | Lab Only: Date sent | Lab Only: Initials |
|-----------------------------------------|--------------|-----|------------------------|-----------------------|
| Specimen Bags | Packs of 50 | | | |
| Screw-cap Vials /10 mL | Packs of 25 | | | |
| Urine Culture Preservative (Vacutainer) | Each | | | |
| Stool Preservative Vials (culture) | Each | | | |
| Stool Preservative Vials (O & P) | Each | | | |
| Chlamydia/GC (APTIMA swabs) | Each | | | |
| Chlamydia/GC (APTIMA Urine transfer) | Each | | | |
| Blood Tube / ACD (light yellow top) | Each | | | |
| Blood Tube (Royal Blue) no additive | Each | | | |
| Blood Tube (Royal Blue-sodium heparin) | Each | | | |
| Urine Cups (Non-sterile) 000437 | Each | | | |
| Pipettes, plastic, disposable | Bag/20 | | | |

| Urine Cups (sterile) | MM# 000439 | Box/20 | | |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------|--|--|
| Stool Cups / Containers | 000435 | Box/20 | | |
| Blood Tubes – Purple EDTA | 000142 | Pkg/100 | | |
| Blood Tubes – Gold SST | 000145 | Pkg/100 | | |
| Blood Tubes – Blue Na Citrate | 000141 | Pkg/100 | | |
| Blood Tubes – Red | 000144 | Pkg/100 | | |
| Blood Tubes – Pink (BB tests) (kept in Storeroom – contact BB supervisor if m | (outside supplier, not ore must be ordered) | Each | | |
| Vacutainer Needles – 21 G | 000127 | Box/100 | | |
| Vacutainer Tube Holders | 530035 | Each | | |
| Anaerobic Collection Vials | 000875 | Each | | |
| Culturette (2-Swab) aerobic | 000125 | Pack/10 Ea | | |
| Culturette (1-Swab) mini-tip | 000126 | Pack/10 Ea | | |
| FLU Test Foam-tip Swab | | Each | | |

Important Note:

The AVH Laboratory will furnish supplies used solely for drawing blood or obtaining specimens, and are limited to the list above. We will not supply alcohol swabs, band-aids, gauze, syringes, butterfly needles, sharp containers, etc. These other supplies will need to be ordered through the AVH Materials Management Department (544-1317) or through your medical supplier.

DATE FAX RECEIVED IN LAB: _____ INITIALS OF LAB EMPL. _____

| DATE ORDERED VIA COMPUTER (if necessary): | Entered by: |
|-------------------------------------------|-------------|
|-------------------------------------------|-------------|

STAPLE COMPUTER ORDER FORM TO THIS SHEET!!!

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