

Supply Request Form

Client Name: _____

Address: _____

Date Requested: _____

Requested by: _____



Please Fax request to: 318-681-7758

Note: The following supplies are provided by Omega Diagnostics Lab and are dependent on test volume.

| Item | # on hand | Amount requested | Laboratory Use Only | |
|--|-----------|------------------|------------------------------------|-------------|
| | | | Previous Month Testing Utilization | Amount sent |
| Aptima (CT/NG PCR - Swab) | | | | |
| Aptima (CT/NG PCR - Urine) | | | | |
| Blood Culture Bottles Aerobic (Green) | | | | |
| Blood Culture Bottles Anaerobic (Purple) | | | | |
| Blood Culture Bottles Pediatric (Yellow) | | | | |
| Blood Culture Adapters- Female | | | | |
| Blood Culture Adapters- Male | | | | |
| Culturette Bacterial Swabs (Red) | | | | |
| Culturette NP Swabs (Blue) | | | | |
| Form, Clinical Requisition | | | | |
| Form, Request for Supplies | | | | |
| Hemocult Slide Folder | | | | |
| Lancets | | | | |
| Microtainers (purple EDTA) | | | | |
| Microtainers (green) | | | | |
| Microtainers (red serum - no gel) | | | | |
| Microtainers (yellow serum - gel) | | | | |
| Specimen Bags, Routine | | | | |
| Specimen Bags, STAT | | | | |
| Stool Collection Containers (Culture - C&S) | | | | |
| Stool Collection Containers (OCP - SAF) | | | | |
| Tubes, 3 mL Purple Top | | | | |
| Tubes, 1.8 mL Blue Top | | | | |
| Tubes, 6 mL Green Top | | | | |
| Tubes, 4 mL Green Top | | | | |
| Tubes, 5 mL Yellow (SST) | | | | |
| Tubes, Plastic Transport Vials | | | | |
| Urine Containers - 24 hr | | | | |
| Urine Containers - sterile cup | | | | |
| Urine Culture Transport (Gray tube w/straw) | | | | |
| Urine Wipes- Castille Towelettes | | | | |
| Vacutainer Needles 21 Gauge | | | | |
| Viral Transport Media (M4 or UTM) | | | | |
| Other: | | | | |
| | | | | |
| | | | | |
| Please allow 24-48 hours for supplies to be delivered | | | | |

For any additional support relating to the ordering of supplies feel free to contact: 318-681-7765

Date sent: _____

Date received: _____

Initials: _____
Omega Client Supply_Order_Form 0113

Received by: _____