

Supply Request Form

Cient Name: _____

Address: _____

Date Requested: _____

Requested by: _____



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

Item	# on hand	Amount required	Laboratory Use Only	
			Maximum	Amount sent
Aptima (CT/NG PCR - Swab)				
Aptima (CT/NG PCR - Urine)				
Blood Culture Bottles				
Culturettes (bacterial swabs)				
Form, Clinical Requisition				
Form, Request for Supplies				
Hemocult Slide Folder				
Microtainers (purple EDTA)				
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 - Ecofix)				
Tubes, 10 mL Red Top				
Tubes, 3 mL Purple Top				
Tubes, 4.5 mL Blue Top				
Tubes, 7 mL Green Top				
Tubes, Plastic Transport Vials				
Tubes, Serum Separator (Gel or SST)				
Urine Containers - 24 hr				
Urine Containers - sterile cup				
Urine Culture Transport (Gray tube w/straw)				
Vacutainer Holders				
Vacutainer Needles				
Viral Transport Media (M4 or UTM)				
Other:				

Date sent: _____

Initials: _____

Fax to: 318-621- 0108
Omega Diagnostics, LLC