

Supply Order Form



Primary Diagnostics Laboratory
 115 SOUTH 17TH AVE
 HOLLYWOOD, FL33020
 Main (954) 505-7301
 Fax (954) 505-7302

Account #: _____
 Account Name: _____
 Address: _____
 Phone Number: _____

Quantity	Tubes
	10 ML SST Red Top (W/Gel)
	7 ML SST Red Top (W/Gel)
	5 ML Lavander Top (EDTA)
	4.5 ML Light Blue Top (Citrate)
	7 ML Dark Blue Top
	10 ML Gray Top (Fluoride)
	7 ML Green Top (Heparin)
	8.5 ML Yellow Top
	3 ML Pedi Tubes (Please Specify) Red/Lavander/Gray/Blue

Quantity	Needles
	20 Gauge x 1"
	20 Gauge x 1 1/2"
	21 Gauge x 1"
	21 Gauge x 1 1/2"
	22 Gauge x 1"
	22 Gauge x 1 1/2"
	Butterfly

Quantity	Specimen Collection
	Routine Urinalysis Tube With Cap
	Sterile 4 OZ Urine Containers
	5 OZ Collection Cup
	24 HR Container No Additive
	24 HR Container Boric Acid
	24 HR Container Hydrochloric Acid
	24 HR Container Sodium Hydroxide

Quantity	Forms
	Laboratory Requisition Form
	Supply Form
	Laboratory Report Form
	Lab Manual (Please Call Lab)

Quantity	Specimen Collection
	Serum Transport Tube With Cap
	Non-Sterile 4 OZ Container With Cap
	Ova & Parasite Kit
	Culturettes
	Blood Culture Bottles
	Viral Transport Media
	Uri-Probe (Chlamydia & GC) Cervial
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Quantity	Cystology / Pathology
	Pap Smear Kit (1 Slide)
	Cyto Spray Fixative
	Cyto Seraper / Brush
	Formal In Container (15 ML)
	Formal In Container (30 ML)
	Formal In Container (90 ML)

Quantity	Miscellaneous Supplies
	Plastic Biohazard Bags (6"x9")
	Vacutainer Needle Holder (REG)
	Vacutainer Needle Holder (PED)
	Tube Rack
	Tourniquets
	Alcohol Swabs
	Band Aids (Strips or Spots)
	2 x 2 Gauze
	Door Box

Special Request	

Date of Original Request: _____
 Date Request Received: _____

Date Delivered: _____
 Received By: _____