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Supplies contained on this list are **ONLY** for use in specimen procurement and transport to Metro Lab.
We reserve the right to limit quantities based on test ordering history.

Please Print
Physician's Name
and Address:

Phone #

Date

Please write in the QUANTITY of each supply needed

Vacutainer Tubes (each or 100/flat)	Forms / Labels	Swabs/Kits
<input type="checkbox"/> T1 Gold gel (SST) 5.0 ml	<input type="checkbox"/> F1 ABN (Advance Beneficiary Notice) (25/pk)	<input type="checkbox"/> S1 AFFIRM Kit
<input type="checkbox"/> T2 Purple (EDTA) 3 ml	<input type="checkbox"/> F2 AFP (must accompany Lab Req)	<input type="checkbox"/> S2 Culture Anaerobic Vacutainer
<input type="checkbox"/> T3 Lt blue (Sodium Citrate) 2.7 ml	<input type="checkbox"/> F3 Supply Fax Order Form	<input type="checkbox"/> S3 Culture Mini-Tip Swab (ea) Blue
<input type="checkbox"/> T4 Red Top 4 ml	<input type="checkbox"/> F4 Lab Requisitions: [Red & White] Qty _____	<input type="checkbox"/> S4 Culture Swab BBL (ea) Red
<input type="checkbox"/> T5 Yellow (ACD Solution A) 10 ml	<input type="checkbox"/> F5 Tissue Requisitions	<input type="checkbox"/> S5 Fetal Fibronectin Kits (ea)
<input type="checkbox"/> T6 Yellow (ACD Solution B) 10 ml	<input type="checkbox"/> F6 Plasma / Serum Labels	<input type="checkbox"/> S6 FIT-CHEK Kit (ea)
<input type="checkbox"/> T7 Drk Blue Metal free EDTA 6 ml	<input type="checkbox"/> F7 Requisition Paper [for electronic (EMR) ordering]	GC Chlamydia
<input type="checkbox"/> Plasma (From Processing)	<input type="checkbox"/> F8 Outpatient Test Pads (ea)	<input type="checkbox"/> S8 Purple Hologic Aptima (ea) NEW
<input type="checkbox"/> T8 Drk Blue Metal free SERUM 6 ml	Office Printer Supplies (for offices with MML Printers)	<input type="checkbox"/> S9 Orange Hologic Aptima (ea)
<input type="checkbox"/> No Additive (From Processing)	<input type="checkbox"/> P1 Report paper, 1-pt non-shaded (SPE-01)(bx)	<input type="checkbox"/> S11 Universal Transport Media [Influenza]
<input type="checkbox"/> T10 Pink (EDTA) 6.0 ml	<input type="checkbox"/> P3 Printer Ribbon (ea) [pin-fed printers]	<input type="checkbox"/> S12 M4 - Herpes/Viral Culture Media (ea)
<input type="checkbox"/> (for ABO, RH Direct Coomb)	<input type="checkbox"/> P4 Laser Cartridge (ea) # _____	Other (each or as noted)
<input type="checkbox"/> T11 Micro-tainer (rust) ea or pk/50	<input type="checkbox"/> P5 Laser Paper (bx) (SPE-06)	<input type="checkbox"/> O1 Stool Culture Media (Para-Pak C&S) (ea)
<input type="checkbox"/> T12 Micro-tainer (purple) ea or pk/50	Needles	<input type="checkbox"/> O2 Cytolyte Solution (20/pk)
<input type="checkbox"/> T13 Micro-tainer (green) ea or pk/50	<input type="checkbox"/> N1 Needle, 21 x 1-1/4 (48/bx)	<input type="checkbox"/> O3 Nunn Hats (ea)
<input type="checkbox"/> T14 Micro-tainer (red) ea or pk/50	<input type="checkbox"/> N2 Needle, 22 x 1-1/4 (48/bx)	<input type="checkbox"/> O4 Pipettes (500/bx)
Cytology (bag or 25/flat)	<input type="checkbox"/> N3 Needle (Vacutainer) Hubs (ea or 250/bag)	<input type="checkbox"/> O5 Total Fix CLR (O & P Exam) (ea)
<input type="checkbox"/> C1 Spatula Plastic & Cyto Brush	<input type="checkbox"/> N4 23g Butterfly needles (ea)	<input type="checkbox"/> O6 Scabies Collection Kit (ea)
<input type="checkbox"/> C2 Cyto Broom	<input type="checkbox"/> N4 21g Butterfly needle (ea)	<input type="checkbox"/> O7 Specimen (Biohazard) Transport Bag [roll]
<input type="checkbox"/> C3 Cyto Brush	<input type="checkbox"/> N4 25g Butterfly needle (ea)	<input type="checkbox"/> O8 Urine BD Vacutainer Kits (ea)
<input type="checkbox"/> C4 Thin Prep Vial (for Paps)	<input type="checkbox"/> N5 Butterfly needles Adapters (ea)	<input type="checkbox"/> O9 Sterile Wipes (100/bx)
<input type="checkbox"/> C5 95% Alcohol Bottles (ea)	<input type="checkbox"/> N6 Alcohol swabs (200/bx)	<input type="checkbox"/> O10 Transfer tubes w/caps (ea or 1000/bag)
Histology	<input type="checkbox"/> N7 Band-aids (100/bx)	<input type="checkbox"/> O11 Urine 24 hr Container (ea)
<input type="checkbox"/> H1 Formalin Jars (ea.or30/flat) 20 ml	<input type="checkbox"/> N8 Cotton balls (bag)	<input type="checkbox"/> O12 Urine 24 hr Container transport bags (ea)
<input type="checkbox"/> H2 Formalin Jars (ea.or50/box) 60 ml	<input type="checkbox"/> N8 Tourniquets (ea)	<input type="checkbox"/> O13 Urine Sterile Containers (ea)
<input type="checkbox"/> H3 Bone Marrow Kit (ea)	Blood Culture Supplies	<input type="checkbox"/> B1 Redox (Set: 1 Aerobic & 1 Anaerobic) (set)
Orange Beverage	<input type="checkbox"/> G1 Orange - 50 gram (6/pk)	<input type="checkbox"/> B2 SPS (acid fast and fungus)
<input type="checkbox"/> G2 Lemon Lime - 50 gram (6/pk)	<input type="checkbox"/> G3 Orange - 100 gram (6/pk)	<input type="checkbox"/> B3 Male Adapter (Butterfly) for B.C. Bottles
	<input type="checkbox"/> G4 Lemon Lime - 100 gram (6/pk)	<input type="checkbox"/> B4 Female Adapter (Syringe) for B.C. Bottles

Other:

Order Filled By:

Date Filled: