



CATHOLIC MEDICAL CENTER LABORATORY SERVICES
SUPPLY ORDER FORM

Physician Office: _____

Date: ____/____/____

MICROBIOLOGY				COLLECTION SUPPLIES			
Stock #	Pkg.Size	Order Qty		Stock #	Pkg.Size	Order Qty	
* <i>Pinworm Collection Paddle</i>	xxxxx	Each		Sterile Cups 3.OZ	21539	Bag	
* <i>Pertussis Kit</i>	xxxxx	Each		Container Urine 24 hour	21525	Each	
* <i>OC-Light S IFOB Test Kit</i>	xxxxx	PK20		Plastic Transfer Urine	21545	Pkg-100	
* <i>VCM Swabs (MAX 5)</i>	xxxxx	Each		Small Specimen Bags	21501	Pkg-50	
Red Top Swab - Non-Gel	21522	Each		Large Specimen Bags	21502	Pkg-50	
Star Swab/White Top- Gel	21523	Each		Tourniquet	20381	250	
Para Pack PVA	21550	Box-10		B.B. ID Band Yellow	21526	10	
Kit Para Pack C&S	21521	Box-10		Butterfly 25 gauge	21507	Box 150	
(*) Clarity IFOB Test Kit		PK 24		Needle Holder	21504	Bag-250	
XPERT/XPRESSFLU/RSV	21555	Box-100		Alcohol Preps	493		
XPERT CT/NG VAG/ENDO	21520	Box 50		Urine Cup Blue top w/Temp	28580	Bag-25	
XPERT CT/NG URINE	21519	Box 50					
FORMS				Tubes			
Stock #	Pkg.Size	Order Qty		Stock #	Pkg.Size	Order Qty	
* <i>Allergy Requisition</i>		Each		Gold (SST-Gel) 3.5ml	21513	Pkg-100	
* <i>Clinical Lab Test Requisition</i>		Each		Lavender (EDTA) - 2ml	21516	Pkg-100	
* <i>Cytology Test Requisition</i>		Each		Lavender (EDTA) - 4ml	21517	Pkg-100	
* <i>Surg/ Non GYN Requisition</i>		Each		Lavender (EDTA) - 6ml	21518	Pkg-100	
* <i>Supply Order Form</i>		Each		Light Blue (Coag)-2.7ml	21511	Pkg-100	
* <i>PSC Lab Location Pads</i>		100/pad		Red (no additive)-3.5ml	21515	Pkg-100	
				Light Green PST 3ml	21512	Each	
				Tube Vac C&S (Gray Top)	21543	Pkg-100	
				Tube UAP Plus (Yellow/Red)	21544	Pkg-100	
PATHOLOGY/CYTOLOGY				OTHER (Please write in)			
Stock #	Pkg.Size	Order Qty		Stock #	Pkg.Size	Order Qty	
Thin Prep Vials	21537	25/tray		Towelette Antiseptic	21524	Box-100	
Brushes		100		* <i>Printer Labels Spec.</i>	L11846	Roll	
Formalin.10mlCont. 5ml.liquid	28547	Each					
Formalin.20mlCont.10ml.liquid	28433	Each					
Formalin 60mlCont.30ml.liquid	28435	Each					
Specimen Container 16oz.	28427	Each					
Specimen Container 32oz.	28428	Each					
Specimen Container 64oz.	28429	Each					
Specimen Container 86oz	28430	Each					
Specimen Container 172oz.	28431	Each					
* <i>2.5 Gallon formalin Cube</i>		Gallon					
* <i>Preserve Cyte Jars</i>		Each					
* <i>RPMI (filled by Path)</i>		1 Tube					
* <i>Cytolyt (filled by Path)</i>		1 Tube					

NOTE: Federal Guidelines suggest that client supply ordering patterns be monitored to ensure that supplies released are returned to our laboratory for testing. Customer supply patterns are monitored for quality assurance purposes and requests may be modified to reflect customer utilization.

FOR LABORATORY USE ONLY
 FILLED BY: _____
 DATE: _____
 RECORDED: _____

**To Request Supplies, FAX
 Completed Form to
 603-625-4511**

(*) Indicates what CMC practices can order directly from lab

CMC Laboratory, 100 McGregor St, Manchester, NH 03102

Rev 02/14/18