

FLORIDA HOSPITAL LABORATORIES SUPPLY ORDER FORM

CLIENT: _____	NAME: _____	DATE: _____
LOCATION CODE _____	PHONE: _____	

The supplies provided by our company are solely to be used for the collection and transportation of specimens being sent to FHL for testing. It is not intended that these supplies be provided for any other use, and such a limitation is necessary to comply with applicable laws. Your acceptance of the supplies is an acknowledgement of your agreement to the above conditions.

Item	Qty	Item	Qty	Item	Qty
21 Gauge Needles	box 100	Biopsy Containers (20mL)	each	BD Affirm VPIII (Vaginal Pathogens Panel)	each
22 Gauge Needle	box 100	Biopsy Container (40mL)	each	Carey-Blair Transport Media (Stool Cultures) (Yellow cap)	each
Green Top Tubes (PST Lithium Heparin/Gel)	each	Urine Complete Kit (Urinalysis & Culture)	each	Ova & Parasite Kits (Pink & Blue cap)	each
Yellow Top Tubes (SST- Serum Separator)	each	UA Preservative Tubes (Tiger Cap - Urinalysis Only)	each	Blood Culture Bottles	per 25
Lavender Top Tubes (K2 EDTA)	each	Urine Culture & Sensitivity Tubes (Gray Cap)	each	Blood Culture Bottles - Pediatric	each
Red Top Tubes (Plain)	each	Sterile Containers/Cups	each	Specimen Transport Bags	per 100
Blue Top Tubes (Na Citrate 2.7mL)	each	GeneXpert Collection Kit for GC / Chlamydia Specimens (Female-Pink Cap)	each	Clinical Requisitions	per 25
Dark Blue Top Tubes (K2 EDTA)	each	GeneXpert Urine Collection Kit for GC / Chlamydia Specimens (Male or Female- Yellow cap)	each	Histology/Cytology Requisitions	per 25
Dark Blue Top Tubes (No Additive)	each	Viral Culture Media (White cap)	each	Allergy Requisitions	per 25
QuantiFERON kits	each	Bacterial ESwab (Pink cap)	each	MSPQ Forms	per 25
Tourniquets	each	Bacterial ESwab Flexible Minitip (Blue cap)	each	Supply Order Forms	per 25
Thin Prep Pap Test Kit	per 25	Slide Holders	each	24-Hour Containers	each
Glucagon Tubes (Protease Inhibitor Tube)	each				

ADDITIONAL SUPPLIES OR NOTES: