

| RECEIVED: | |
|------------------|--|
| FILLED/INITIALS: | |

LABORATORY SUPPLIES REQUISTION

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| LOCATION: | NAME: |
|------------------|--------|
| ADDRESS: | PHONE: |
| CITY / ZIP CODE: | DATE: |
| CONTACT EMAIL: | |

PLEASE ALLOW UP TO ONE (1) WEEK FOR DELIVERY FROM THE TIME ORDER IS RECEIVED. WE RESERVE THE RIGHT TO LIMIT SUPPLY QUANTITIES.

| QTY | UNIT | COLLECTION MATERIALS | LAB USE ONLY LOT# | LAB USE ONLY EXP |
|-----|----------|--|-------------------------|------------------------|
| | EACH | COVID-19 Specimen Collection Kit (1 swab, 1 VTM tube, 1 bag) | | |
| | | | | |
| | EACH | Bacterial Culture Swab-Amies with Charcoal (Misc. Culture) | | |
| | FLAT/50 | Blood Tubes for HIV Viral Load with plasma separator (<i>Purple with Yellow Center</i>) | | |
| | PACK/50 | Blood Tubes for QuantiFERON : Lithium-Heparin tubes (Green Top) | | |
| | BOX/50 | Chlamydia/Gonorrhea Multi-Test Collection Kits (Vaginal/Throat/Rectal) | | |
| | BOX/50 | Chlamydia/Gonorrhea UniSex Swab Collection Kits (Cervical/Urethral) | | |
| | BOX/50 | Chlamydia/Gonorrhea Collection Kits (Urine) | | |
| | EACH | Enteric Culture Stool Container (Orange Top) | | |
| | PACK/100 | Specimen Bags (Biohazard Labeled 6" x 9") | | |
| | PACK/100 | Specimen Bags (Biohazard Labeled 8" x 10" - TB Use Only) | | |
| | BAG/100 | Urine Cups (for Chlamydia/Gonorrhea Urine Collection Kit) | | |
| | EACH | Viral PCR Specimen Collection Kit (2 swabs, 1 VTM tube, 1 bag) | | |
| | EACH | Candida auris specimen collection kits (BD ESwab Collection Kit) | | |
| | EACH | CPO specimen collection kits (Cepheid Sample Collection Device) | | |
| | | | | |
| QTY | UNIT | OTHER | | |
| | SET | Spore Test (Autoclave Test Ampoules-Set of Two) | | |
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