UVM Medical Center
LABORATORY SUPPLY ORDER FORM
Phone Orders: 847-5121 or 1-800-991-2799
Fax Orders: 802-847-5905

Location Name: _____ **Ordered By:** _____

Location Code:_____**Phone#:** _____**Date:**_____

Items supplied are intended to be used solely for specimens sent to UVMMC laboratory. The number of items provided will be monitored to ensure they correlate with the number of tests sent to the lab for processing.

Where quantities are listed, we assume you are ordering that number of the quantity listed. For instance, if **3-Serum separator (SST), 8 ml (box of 50)** are ordered we will send you 3 boxes or 150 tubes. Please do not order more items than you will use in 30 days. Items transported and stored at room temperature unless otherwise stated.
®Items transported and stored at 2-8˚c. F Items transported 0˚c.

RETURNS: If you return any laboratory supplies please tag the item with a copy of this sheet or add a note explaining where they are being returned from and why so that we can update your location compliance log.
Thank you

TUBE-ADULT *Box of 50* — *Tracking Number*
_____Serum Sep. Tube 5 mL 106857
_____ Lavender, 4 ml 031974
_____ Lt. Blue, 3.5 ml 031975
_____ Green, Lithium Heparin-6 ml 031977
_____ Grey, 4 ml 031978
_____ Pink, 6 ml 78539
_____Red Top, Plain Plastic 6mL 106858

TUBE-PEDI *Box of 50*
_____ Lavender, 2 ml 78529
_____ Lt. Blue, 2.0 ml 031981
_____ Green, Li Heparin, Gel -3 ml 031979
_____ Grey, 2 ml 031976

TUBE-MICROTAINER *Box of 50*
_____ Gold Serum Gel 031983
_____ Lavender 031984
_____ Green –Lithium Heparin-Gel 031985

NEEDLE WITH HOLDER *Box of 100*
_____ **21** GA-1 ¼ inch w/ holder Green 031986
_____ **22** GA- 1¼ inch **w**/ holder Black 031988

SPECIMEN COLLECTION
_____ 24 hr. Urine Container Jug #_____
_____ 24 Hr. Stool Culture Container 032002
_____ Container Sterile 100 mL pkg75 031996
____Container w/temp-strip 90 mL specify # 93962
____ Tourniquet 1 roll 031997
____ Needle Holder pkg of 50 031993
_____ Towelette - urine culture 031998

SPECIMEN TRANSPORT
_____ Transport bag pkg. of 100 031990
_____ Transport bgs Non-Infectious pkg 20 95007
_____ Coag transfer tube 2 ml, 25 w/caps 035182
_____ Pour off Tube w/caps pkg of 100 031994
_____ Autopsy Bucket 3.5 Gal

MISCELLANEOUS COLLECTION
®_____ Catecholamine Tube MML
_____ Plastic Slide Holders 58913
_____ Cardboard Slide Holder 032052

HOSPITAL USE ONLY — Tracking Number
_____ Jumbo Bag pkg. of 100 031989
_____ Yellow Frozen Bag Pkg 100 035194
_____ Pink Refrig Bag Pkg 100 035195
_____ White RT Bag Pkg 100 035196
_____Quantiferon Kit

KITS-COLLECTION
____ AMH Kit Repro Source 89920
____ FIT Testing Kit 108536
____ H.pylori Breath Test Kit MML
____ Stone Analysis Collection Kit MML

GLUCOSE TOLERANCE BEVERAGE
_____ Flavored 50 gram 032055
_____ Flavored 100 gram 032056
_____ Orange 50 gram 032057
_____ Orange 100 gram 032058

CYTOGENETICS
®_____ Bone Marrow Tx Media RPMI 032047
_____ Hanks Solution, Tissue 032048
_____ Green, Sodium Heparin, 4ml Pedi 032049
_____ Green, Sodium Heparin , 6ml 032050

CYTOLOGY / PAP SUPPLIES
Thin Prep, PreservCyt
_____ tray of 25_____ case of 250 032004
Brush _____pkg of 10 _____ box of 100 034397
_____ Broom pkg of 25 032005
_____ Spatula pkg of 25 034399
_____ Brush + Spatula pkg of 25 032006
_____ CytoLyt Solution 20 per tray 034401
For Non-Gyn/Fine Needle Aspiration

HISTOLOGY
_____Formalin, 20ml vial/10ml formalin 032026
_____Formalin, 60mL vial/ 30 mL formalin 032029
_____Biopsy Filter Paper Circle 032030
_____Tissue Fixative Michel's Fixative 032031

FLOW CYTOMETRY
_____ Green, Sodium Heparin, 6 ml 032050
®_____ RPMI For Lymph Nodes 50 ml 042119
Special Sodium Heparin order Sodium Hep above

HLA / TISSUE TYPING — Tracking Number
____Plain Red Top, Glass 031973
____ACD Tube 032054
Special Sodium Heparin order ACD above

FORMS
_____ Outpatient Order From 032007
_____ Heme/Flow/Genetic Form 040125
_____ Hematopoietic Neoplasm Order Form 032014
_____ Surg Path Non GYN Order Form 032013
_____ Supply Order Form max 25 032009
_____ Advance Beneficiary NoticeABN 032022
_____Amending Dx Info Form 86134
_____ Telephone/Fax Lab Order Form 032021
_____ My Medication List pkgk of 50 71086
_____ Phleb Cards 50 cards 032025
_____ Phleb Card Holder 58853

COLLECTION BROCHURES FOR PATIENTS
____Urine Collection Instructions-Pak of 20 88211
____Feces Sample Collection-Pak of 20 93963
____Fecal Occult Blood Collection- Pak of 20 93964
____Sputum Sample Collection- Pak of 20 93965
____Urine Random Collection- Pak of 20 93966

LABELS
_____Labels, Addressograph 032024
_____Labels, Atlas/Dymo/Pin fed 86611
_____Labels, Atlas/Zebra 86610
_____Labels, Expedite Processing Pink 034311
_____Labels, STAT/Red Hot Pink 034573

LAB REPORT PRINTER
_____ Paper max 2 reams 032012

Brother IntelliFax- 2820
_____Fax Toner Cartridge (TN-350) 58856
_____ Fax Drum Kit Brother (DR-350) 58855

Brother IntelliFax -2840
_____Fax Toner Cartridge (TN-450) 92500
_____ Fax Drum Kit Brother (DR-420) 92501
Every 2 cartridges

MICROBIOLOGY — Tracking Number
_____ Anaerobic Transport Vial 032036
APTIMA come in boxes of 50
_____Aptima, Unisex-Endocervix & Male Urethral (purple) 032039
_____Aptima, Urine (yellow) 032038
_____Aptima, Vaginal-Self Collection Kit (orange) 77773
_____ Autoclave Check 032046
_____ Blood Culture set, Adult 032033
_____ Blood Culture, Pedi 032034
_____ Blood Culture , Fungal Isolator 59185
_____ Blood Culture , Fungal Pedi 59186
_____ Blood Culture Chloraprep 59183
_____ Bone Marrow Culture Tube SPS 58852
_____Feces Culture Vial box of 20 032041
_____Feces Collection Commode 88028
F _____ Mycoplasma Tx Media MML
_____ O& P Collection Vial bag of 10 032040
_____ O& P Collection Vial box of 100 032040
_____ Pinworm Collection Kit 73050
_____Bordetella PCR Kit 100821
®_____ Potato Flakes Mycosel 032044
®_____ Jembec Plate 032045
_____Bacterial/Fungal/Yeast Collection Kit 59184
_____Viral Collection Kit-Adult 91216
_____ Viral Collection Kit-Pediatric 103612

F Transported and stored at -14˚c
®Transported and stored at 2-8˚c

LAB SUPPORT USE ONLY:

□ **Priority** □ **GMM**
□ **U.S. Mail**
□ **UHC** □ **FAH** □ **ACC**
□ **Call for Pick-Up**
Date **Tech Code**

Received: _____

Filled:_____

Top Copy: Send to lab, **Back Copy**: Keep for your records