

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 UVMCC 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), 5 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.

(R) Items transported and stored at 2-8°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 #**
 _____ Serum Sep. Tube 5 ml 106857
 _____ Lavender, 4 ml 031974
 _____ Lt. Blue, 3.5 ml 031975
 _____ Grey, 4 ml 031978
 _____ Pink, 6 ml 78539
 _____ Red Top, Plastic/Clot Activator 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 - 72 Hr. Stool Container 32002
 _____ Container Sterile 100 mL pkg75 031996
 _____ 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

MICELLANEOUS COLLECTION
(R) _____ Catecholamine Tube MML
 _____ Plastic Slide Holders 58913
 _____ Cardboard Slide Holder 032052

HOSPITAL USE ONLY **Tracking #**
 _____ 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 TB Kit 77391

KITS-COLLECTION
 _____ 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
(R) _____ Bone Marrow Transport Media RPMI 032047
(R) _____ Hanks Solution, Tissue 032048
 _____ Green, Sodium Heparin, 4ml Pedi 032049
 _____ Green, Sodium Heparin , 6ml 032050

CYTOLOGY / PAP SUPPLIES
 ThinPrep, 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
(R) _____ RPMI For Lymph Nodes 50 ml 042119
 Special Sodium Heparin order Sodium Hep above.

HLA / TISSUE TYPING **Tracking #**
 _____ Plain Red Top, Glass 031973
 _____ ACD -A Tube 032054
 Special Sodium Heparin order ACD above

FORMS
 _____ Outpatient Order Form 032007
 _____ Heme/Flow/Genetic Form 040125
 _____ 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
 _____ 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
 _____ Blood Transfusions Answering 124634
 Your Questions

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 #**
 _____ Anaerobic Transport Vial 032036
APTIMA come in boxes of 50
 _____ Aptima, Unisex-Endocervix & Male Urethral (purple) 032039
 _____ Aptima, Urine (yellow) 032038
 _____ Aptima, Multitest (Vaginal) Collection Kit 77773 (orange)

_____ 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
 _____ O& P Collection Vial bag of 10 032040
 _____ O& P Collection Vial box of 100 032040
 _____ Pinworm Collection Kit 73050
 _____ Bordetella PCR Kit 100821
 _____ Ocular Agar Plates 032044

(R) _____ Ocular Agar Plates (Blood/Chocolate/Potato Agar) 032044
 _____ Bacterial/Fungal/Yeast Collection Kit 59184
 _____ Viral Collection Kit, Adult 91216
 _____ Viral Collection Kit, Peds 103612

LAB USE ONLY
(R) Transported and stored at 2-8°c

Priority GMM
 U.S. Mail
 UHC FAH ACC
 Call for Pick-Up

Tech Code: _____
 Order Received: _____
 Order Filled: _____ By: _____