Client Supply Order Form



Pacific Medical Laboratory

15 Corporate Park, Irvine CA 92606 Telephone: (714) 972-2222 Fax: (714) 972-2221



Allow up to 72 hours (3 Business Days) for Delivery of In-Stock Items Please fax completed form to: (714) 972-2222

| | | To insure prompt and accurate d | lelivery please com | olete requested in | nformation below |
|-----------|--------------------|---------------------------------|---------------------|--------------------|--------------------------------------|
| | Facility/Doctor: | | Ordered By: | | |
| | Address: | | Phone #: | | |
| | Address | | Filone #. | | |
| | | | Date: | | |
| | | | | | |
| Quantitiy | PI | nlebotomy Supplies | Quantitiy | | Microbiology |
| | 100 per box | SST/Tiger Top/Serum Tubes | | Each | Culture Swabs |
| | 100 per box | Lavender top tubes | | Each | Universal Transport Media UTM Swabs) |
| | 100 per box | Light Blue Top Tubes | | | |
| | 100 per box | Grey Top Tubes | | Each | Sterile Urine Cups with lids |
| | Each | Royal Blue Top EDTA | | Each | 24hr Urine Collection Container |
| | Each | Yellow Top ACD | | Each | Towelettes/Obstetric wipes |
| | Each | Green Top Lithium Heparin | | | |
| | Each Plain Red Top | | Quantitiy | Cytology/Pathology | |
| | | | | 25 per order | Thinprep Vials |
| | 100 per box | Vacutainer needles 21 guage | | Bag of 25 | Cervical brush/broom |
| | 100 per box | Vacutainer needles 22 guage | | 10 per bag | Small speculums |
| | 50 per box | Butterfly needles 23 guage | | 10 per bag | Medium speculums |
| | 25 per bag | Safetly lock needles holder | | 10 per bag | Large speculums |
| | Each | Tourniquets | | | |
| | | | | 10 per order | Formalin vials |
| | Per box | Small Gloves | | | |
| | Per box | Medium Gloves | Quantitiy | For | ms/Requisition/Specimen Bags |
| | Per box | Large Gloves | | 50 Per order | Standard Laboratory Requisition |
| | Per box | X-Large Gloves | | 50 Per order | Cytology/Biopsy Requisition |
| | Per box | Alcohol pads | | 50 Per order | Specimen bags |
| | Per box | Bandaids | | | |
| | Per box | Cotton balls | | Comn | nents/Special Requests |
| | Each | Surgical Tape | | | |
| | | | | | |
| | Each | Wall mounted sharps container | | | |
| | Each | 6 Gallon sharps container | | | |
| | Each | 50 gram glucola drink | | | |
| | Each | 75 gram glucola drink | | | |
| - | Each | 100 gram glucola drink | | | |

| | To be completed by Pacific Medical Laboratory Personnel Only | | | | | | |
|----|--|--------------|------------|------------------------------|--|--|--|
| Fa | ixed received by: | Date Filled: | Filled by: | (P)artial/(C)omplete Order?: | | | |