PathWay Clinic Supply Order Form

Facility Name:	Date of Call:	Time of Call:	Telephone #:	Caller Name:
Order Taken By:	Order Filled by:	Date Filled:		Order #:

Check (X)	Blood Collection Supplies	Quantity (Check box)	Filled (X)	Rec'd. (X)
	Needles, 21 gauge	❑ 1 box ❑ 2 boxes		
	Needles, 22 gauge	❑ 1 box ❑ 2 boxes		
	Transport Tubes	❑ 50 ❑ 100		
	Vacutainer Holders	❑ 50 ❑ 100		
	Vacutainer Tubes, blue	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
	Vacutainer Tubes, gray	❑ 2 ❑ 4 ❑ 6		
	Vacutainer Tubes, green	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
	Vacutainer Tubes, green marble (PST)	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
	Vacutainer Tubes, lavender	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
	Vacutainer Tubes, pearl white	❑ 2 ❑ 4 ❑ 6		
	Vacutainer Tubes, red	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
	Vacutainer Tubes, royal blue(lead, zinc)	❑ 2 ❑ 4 ❑ 6		
	Vacutainer Tubes, yellow (SST)	❑ 6 ❑ 12 ❑ 25 ❑ 1 flat ❑ 2 flats		
Check (X)	**Forms/Labels**	**#Needed (Check box)**	**Filled (X)**	**Rec'd. (X)**
	Blood Requisitions	❑ 50 ❑ 100 ❑ 200		
	Histology/Cytology Requisitions	❑ 50 ❑ 100 ❑ 200		
	Non-Blood Requisitions	❑ 50 ❑ 100 ❑ 200		
	Pap Smear Requisitions	❑ 50 ❑ 100 ❑ 200		
	Specimen Labels (for nurse collected blood)	❑ 25 ❑ 50 ❑ 1 box		

Facility Signature:	Print Name:	Courier: Date: Time:

03/12/10

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Order Taken By:	Order Filled by:	Date Filled:		Order #:

Check (X)	Non-Blood Collection Supplies	Quantity (Check box)	Filled (X)	Rec'd. (X)
	Biohazard Bags	❑ 50 ❑ 100		
	Boritex Containers	❑ 12 ❑ 24 ❑ 48		
	Culturettes	❑ 6 ❑ 12 ❑ 24		
	Ova and Parasites	❑ 3 ❑ 6 ❑ 12		
	Sterile Containers	❑ 6 ❑ 12 ❑ 24		
	Stool Culture Container	❑ 3 ❑ 6 ❑ 12		
	SurePath Liquid Based Paps (send brushes with each 25)	❑ 25 ❑ 50 ❑ 100 ❑ 200		
	SurePath brushes (extra)	❑ 25 ❑ 50		
	STD Probes, Female	❑ 12 ❑ 24 ❑ 48		
	STD Probes, Male	❑ 12 ❑ 24 ❑ 48		
	Tissue Vial with Formalin, 5 ml	❑ 3 ❑ 6 ❑ 12		
	Tissue Vial with Formalin, 40 ml	❑ 3 ❑ 6 ❑ 12		
	Viral Culture Media (seasonal) (**MUST REFRIGERATE AT ALL TIMES!** For influenza cultures)	❑ 1 ❑ 2 ❑ 3 ❑ Other:		
	Other – write in request:	Write in quantity:		
	Other – write in request:	Write in quantity:		
	Other – write in request:	Write in quantity:		

Facility Signature:	Print Name:	Courier: Date: Time:

03/12/10