

PathWay LTC/AL/SA Supply Order Form

Facility Name:		Date of Call:	Time of Call:	Telephone #:	Caller Name:
Station/Floor:	Order taken by:	Order filled by:	Date filled:		Order #:

Check (X)	Container Name	# Needed (ck. box)	Filled (X)	Rec'd. (X)
	Biohazard Bags	<input type="checkbox"/> 50 <input type="checkbox"/> 100		
	Boritex Containers <small>(Red Top - pill in the bottom of container - urine collection good for 72 hours - no refrigeration needed, but can be refrigerated)</small>	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 48		
	Cultures <small>(used for throat, wound and MRSA cultures)</small>	<input type="checkbox"/> 6 <input type="checkbox"/> 12		
	HemmoCult Slides with Paddles <small>(Card - no solution provided - must be sent back to PathWay)</small>	<input type="checkbox"/> 2 <input type="checkbox"/> 6		
	Ova and Parasites <small>(Yellow top with clear liquid - cannot be used for CDIFF)</small>	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12		
	Sterile Containers <small>(Clear top - for urine and CDIFF collection)</small>	<input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24		
	Stool Culture Container <small>(Salmon top with red liquid - cannot be used for CDIFF)</small>	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12		
	Viral Culture Media (seasonal) (MUST REFRIGERATE!! For influenza cultures)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	Other - write in request:	Write in #:		
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	Other - write in request:	Write in #:		

Check (X)	Forms/Labels	# Needed (ck. box)	Filled (X)	Rec'd. (X)
	Blood Requisitions	<input type="checkbox"/> 25 <input type="checkbox"/> 50		
	Daily/Frequent Order Form	<input type="checkbox"/> 25 <input type="checkbox"/> 50		
	Lab Day Extra Sheets	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200		
	Non-Blood Requisitions <small>(completed for NURSE COLLECTED NON-BLOOD SPECIMENS)</small>	<input type="checkbox"/> 25 <input type="checkbox"/> 50		
	Non-Routine Day Logs <small>(completed for non-routine day venipunctures)</small>	<input type="checkbox"/> 25 <input type="checkbox"/> 50		
	Specimen Labels <small>(completed for all NURSE COLLECTED SPECIMENS)</small>	<input type="checkbox"/> 25 <input type="checkbox"/> 50		

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