



**This form is reserved for NON CMC owned clients.
All CMC entities should order directly from the CMC stock room.**

**CATHOLIC MEDICAL CENTER LABORATORY SERVICES
SUPPLY ORDER FORM**

Physician Office: _____ **Date:** _____

MICROBIOLOGY		QTY	SENT	Urine Collection		QTY	SENT
Blood Culture Set	2-bottles			Sterile Urine Cups		bag	
Culture Swab, strep/flu	each			Urine Transfer Straws		box	
Culture Swab, wound	each			Urine Transport Tubes red/yellow		rack	
O&P Stool (pink/gray)	set			Urine Culture Transport, gray		rack	
ParaPak Stool, orange cap	each			Clean Catch Wipes		box	
FORMS							
AFP Form (Quest)	each			Small Specimen Transport Bags		pkg-50	
Clinical Lab Test Requisition	pkg-100						
Cytology Test Requisition	pkg-100						
Surg/ Non GYN Requisition	pkg-100						
Standing Order Forms	pkg-100						
Supply Order Form	pkg-100						
PATHOLOGY/CYTOLOGY		QTY	SENT	PHLEBOTOMY SUPPLIES		QTY	SENT
Thin Prep Vials	25/tray			Tubes, Gold (SST-Gel) 3.5ml	rack-100		
Brushes	Pkg-25			Tubes, Lavender (EDTA) - 2ml	rack-100		
Brooms	Pkg-25			Tubes, Lavender (EDTA) - 4ml	rack-100		
Spatula	Pkg-25			Tubes, Lavender (EDTA) - 6ml	rack-100		
Formalin 20ml	ea.			Tubes, Light Blue (Coag)-2.7ml	rack-100		
Formalin 45ml	ea.			Tubes, Red (no additive)-3.5ml	rack-100		
Formalin 60ml	ea.			Tubes, Lt.Green(LiHepPST) 3ml	rack-100		

NOTE: Federal Guidelines suggest that client supply ordering patterns be monitored to ensure that supplies released are returned to our laboratory for testing. Customer supply patterns are monitored for quality assurance purposes and requests may be modified to reflect customer utilization.

FOR LABORATORY USE ONLY
 FILLED BY: _____
 DATE: _____
 RECORDED: _____

OTHER (PLEASE WRITE IN)

**To Request Supplies,
FAX Completed Form to
603-625-4511**

CMC Laboratory, 100 McGregor St, Manchester, NH
03102

Rev
5/29/07