

Cleveland Clinic Laboratories

Supply Order Form

Order may be faxed to 216.444.9827 or be phoned to 800.628.6816.

Facility Name: _____
 Client Mnemonic: _____
 Order Placed by: _____

Date: _____
 Phone No.: _____

Units	Collection Tubes	Units	Specimen Containers/Bags
	Gray Hemogard, Na Fluoride/K Oxalate, 4 mL		Biohazard Specimen Bags (Large Blue)
	Green Hemogard, Li Heparin, 4 mL		Biohazard Specimen Bags (Small Blue)
	Green Na Heparin, 4 mL		Biohazard Specimen Bags (Large Clear)
	Green Na Heparin, 10 mL		Biohazard Specimen Bags (Small Clear)
	Navy Blue Hemogard, K2 EDTA, 6 mL		Serum Transport Tubes (Orange Top)
	Navy Blue Plain Hemogard, 6 mL		Serum Transport Tubes (Light Sensitive)
	Pink Hemogard (Blood Bank), EDTA, 6 mL		Specimen Transport Rack
	Light Blue Coag Sodium Citrate, 3.5 mL		Stool Container, 1 gallon (with lid)
	Light Green PST, 4 mL		Urine Container, 24 Hr. (Graduated w/lid)
	Gold top SST Hemogard, 5 mL		Urine Transport Tube (Plain Blue Top)
	White Hemogard (PPT), EDTA, 5 mL		Pinworm Kit
	Yellow ACD (glass) Solution A, 8.5 mL		RPMI Transport Media, 10mL
	Yellow ACD (glass) Solution B, 6 mL		RPMI Transport Media, 500mL
	Red (Serum) No Additive, 6 mL		
	Lavender EDTA, 4mL		
Units	Media/Culture/Kits	Units	Miscellaneous/Supplies
	Blood Culture Bottles (Orange Top - Anaerobic)		Advance Beneficiary Notice pk
	Blood Culture Bottles (Green Top - Aerobic)		Advance Beneficiary Notice (instructions) pk
	C&S Urine Transport Kit (Sterile)		Printer Cartridge specify model number
	Aptima for Gonorrhea / Chlamydia		Cartridge number _____
	Aptima Urine		Report Paper reams
	Kits, Ova and Parasites, (PVA & Formalin)		Requisition, Anatomic Pathology
	M-4 Viral Transport Media (keep refrigerated)		Requisition, Custom *Please attach sample
	Michelle's Media		Requisition, Cystic Fibrosis
	Glutaraldehyde (3.75%) for E.M.		Requisition, Cytology
	Biopsy Bottles, 40 mL (10% Formalin)		Requisition, Dermatopathology
	PAP Test: Pap Pak pk 25		Requisition, Flow
	PAP Test: Thin Prep (Cytec™) pk 25		Requisition, Heavy Metals
	Cytology Collection Devices: <input type="checkbox"/> brushes/spatula		Requisition, Home Health Care
	<input type="checkbox"/> brooms		Requisition, Hospital
	Pyruvic Acid test (12% TCA) <input type="checkbox"/> 2 mL <input type="checkbox"/> 4 mL		Requisition, Physician
	Kit Digene for HPV		Requisition, Physician II
Units	Physician Office Supplies Only		Requisition, Prenatal
	Tourniquet		Labels (check type needed): <input type="checkbox"/> room <input type="checkbox"/> refrig.
	Needles (specify size): _____		<input type="checkbox"/> frozen <input type="checkbox"/> flow <input type="checkbox"/> stat
	Needle Hubs		

Order Taken By: _____ Order Filed By: _____ Date Shipped: _____

Comments: _____