

Laboratory Supply Request Form

**Please fill out the information
at the right and Fax to
Sacred Heart Hospital Pensacola
Laboratory at 850-416-7706
or laboutreach@shhpens.org**

Request Date

Clinic Name

Clinic Address

Contact Name

Phone #

Fax/Email

TEST TUBES

ITEM	UNITS/ PACKAGED	NUMBER REQUESTED	ITEM #	MISCELLANEOUS
Blue — Sodium Citrate Bullet .5mL	50		450413	
Blue — Sodium Citrate Tube 3mL	50		454334	
Gray Sodium Fluoride/Potassium Oxalate Tube 4mL	50		454297	
Green-Lithium — Hep Tube w/ Gel (plasma) 5mL	50		456087	
Green-Lithium — Hep Tube w/o Gel 3mL	50		454244	
Green-Lithium — Hep Tube w/o Gel Bullet .5mL	50		450477	
Lavender EDTA Bullet .5mL	50		450475	
Lavender EDTA Tube 3mL	50		454217	
Lavender EDTA Tube 6mL	50		456038	
Pink EDTA Tube 6mL	50		456003	
Plain Red Top Tube 6mL	50		456089	
Serum Separator Bullet .5mL	50		450472	
Serum Separator Tube 5mL	50		456073	
21 Gauge Vacutainer Needles	100		80211	
22 Gauge Syringe w/ Safety Needle 3mL	Box		8881833210	
22 Gauge Vacutainer Needles	100		80221	
24° Urine Jugs	Each		N/A	
75g Glucola	Each		B2495-6A	
100g Glucola	Each		B2495-A	
Alcohol Prep Pad Sterile	200		5750	
Bio Bags 6 x 9	50		371690	
Bio Bags 8 x 10	50		414235	
Blood Bands	10		CSWB653	
Blood Culture Bottle, Aerobic – Blue	Each		259789	
Blood Culture Bottle, Anaerobic – Maroon	Each		259790	
Blood Culture Bottle, Pediatric – Yellow	Each		259794	
C&S Transfer Straw Kit (Urine Cultures)	50		364953	
Cepheid CTNG Female Collection Kit	50		CT/NGSWAB-50	
E Swabs	50		R123480	
Gauze Sterile 2X2	100		441204	
Lab Requisitions (specify Form #)	Each			
Para-Pak C&S Culture & Sensitivity	20		U2295-36B	
Para-Pak Ova & Parasite	20		900212	
Red Top Culturettes for Anaerobic & Aerobic Cultures	50		220109	
Specimen Tracking Sheets			9000-214	
Sterile Containers / Urine Cups	Each		244210	
Stool Collection Container - no additive	Each		62151	
Syringe 10mL	100		309604	
Syringe 5mL	100		309646	
Universal Transport Media (UTM)	50		403C	
Urine Hats	Each		126483	
Vacutainer Hubs	25		4140	

Lab Use Only:

Filled by: _____ Date: _____

Signature of requestor

(REQUIRED): _____

LABORATORY SUPPLY REQUEST FORM