

LABORATORY SUPPLY REQUEST FORM

Please fax the completed form to: (951) 358 – 5015

Site Name			
Submitter Address			
Requestor's Name		Contact Number	
Date of Request		Supervisor's Name	

Supply Name	Quantity Requested	LAB USE ONLY	
		Quantity Sent	Item Expiration
Nasopharyngeal Swab with viral/universal transport media (Flu/Measles/ etc.)			
AMR Surveillance Cepheid Dual Swab Collection Kit			
Amies Charcoal Swab (black top - GC and Pertussis culture ONLY)			
Amies without Charcoal Swab			
Pinworm Paddles			
Brown Bags [] Large [] Small			
BI-O.K. Spore Test			
Supply Name	Quantity Requested	Quantity Sent	Item Expiration
NOTE: Supplies listed below are part of the monthly distribution and will require Lab Director approval prior to fulfilling requests.			
CT/GC Aptima Urine Tubes			
CT/GC Aptima Swab Collection Tubes			
Specimen BioHazard Bags (Small)			
Red Top-Venous Blood Collection Tubes			
50 mL Conical blood transport containers			
AFB Specimen Transport Containers			
QuantiFERON -TB Gold Plus collection tubes			
Ova & Parasite Containers (Pink & Grey Top)			
C & S Containers (Orange top for stool culture)			
Date Request Received:		Date Request Was Filled / Initials:	
Date Supplies Were Sent:		Date Requester Received Supplies: / Initials:	