



Account Name: _____ Date: _____

Location: _____ Requester's Initials: _____

| Quantity | Product | Filled |
|----------|--|--------|
| | Transport Cont, Plastic (White) batch of #25 | |
| | Biohazard Bags, Transport envelopes (100 pack/limit) | |
| | Blood Serum Filter (13 mm x 4") 100 pkg | |
| | Filter Sample Cap 100 pkg | |
| | Needle 21gx1-1/4" BD Eclipse (grn cap) 48/box | |
| | Needle 22gx1-1/4" BD Eclipse (blk cap) 48/box | |
| | Needle 23g (small vein infusion set) send 10/bag | |
| | BD Blood Transfer Device send 10/bag | |
| | Needle Holder, One Use BD DispoVac 250/pkg | |
| | Citrate 3 ml (blue) 363083 50 tubes/flat | |
| | EDTA 4ml K2 (lavender) 367862 50 tubes/flat | |
| | Lithium Heparin 4ml (dark green) 367884 50 tubes/flat | |
| | Lithium Heparin, PST 3ml (mint green) 367960 50 tubes/flat | |
| | Plain 6 ml (red) 367815 50 tubes/flat | |
| | SST 5 ml (gold) 367986 50 tubes/flat | |
| | PST Li Hep 3 ml (green/yellow insert) 50 tubes/flat | |
| | PST Li Hep 5 ml (green/yellow insert) 50 tubes/flat | |
| | GeneXpert Swab (Chlamydia PCR /GC) 50 swabs/ box | |
| | GeneXpert, Urine Kits (Chlamydia PCR /GC) 50 kits/box | |
| | Blood Culture Bottles | |
| | Occult Blood Fecal iFob | |
| | Quantiferon TB Gold Tubes | |
| | Copan Trans Swab (Herpes/CMW) | |
| | Sterile Saline Tube (wet mount) | |
| | Sterile Rayon Tipped Swabs (Influenza A & B) | |
| | Puritan Foam Tipped Swabs (Influenza A & B) | |
| | BBL Culture Swab (Herpes/CMV) | |
| | ESwab White Cap | |
| | ESwab Mini tip Green Cap (sinus/babies/ears/eyes) | |
| | Lab Test Requisitions | |
| | BBL Red-capped Culturette | |
| | Strep/MRSA/VRE Culture | |
| | Universal Viral Transport Meda (UTM/VTM) | |
| | Remel Stool Container: Yellow | |
| | Remel Stool Container: Green | |
| | Urine/Sputum Spec Cups | |
| | Pap/Bx Forms | |
| | Liquid Pap Containers 25/box | |
| | Cervical/Brush Spatula 25/bag | |
| | Rovers Cervical Broom mops 25/bag | |
| | 60 ml formalin vial 24/case | |
| | Biopsy formalin vials 24/case | |
| | Micro/Cyto/Tissue Pathology forms | |

Date Filled: _____ Initial: _____