

SUPPLY REQUISITION

Courier Route: _____

MERITER LABORATORIES

36 S. Brooks St. – Madison, WI 53715

To place an order by phone dial: (608) 417-6529 or (800) 236-0465

To place an order by fax: (608) 417-6393

Please Provide Complete Information

<p>Date: _____</p> <p>Individual Ordering: _____ (please print full name)</p> <p>Facility's Name _____ (please print full name)</p> <p>Telephone: _____</p>	<p>The supplies provided by Meriter Laboratories are solely to be used for the collection and preparation of specimens which are being sent to our Laboratory for testing. Federal regulations prohibit using supplies provided by our company for any other use. Placing orders for and receiving supplies is an acknowledgment of understanding and agreeing to these conditions. ML reserves the right to reduce the number of supplies ordered per client due to previous usage and or expired supply returns.</p> <p>Please allow 3 working days for delivery by courier and 1 week for delivery by mail.</p>
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REQUISITION FORMS

- ____ Client Requisitions 814523
- ____ Histology Requisitions 811587
- ____ Nursing Home Requisitions OP
- ____ Supply Requisitions OP 3
- ____ Veterinary Requisitions OP 24

COLLECTION TUBES

- | #Single | #Flat | |
|---------|-------|---|
| ____ | ____ | Amber SST Microtainer 500 µl BD <u>365959</u> |
| ____ | ____ | Lt Blue 1.8 mL (Na Citrate) Short Draw BD <u>363080</u> |
| ____ | ____ | Lt Blue 2.7 mL (Na citrate) BD <u>363083</u> |
| ____ | ____ | Lt Green 3 mL (PST Lithium heparin) BD <u>367960</u> |
| ____ | ____ | Dk Green 4 mL (Lithium heparin no gel) BD <u>367884</u> |
| ____ | ____ | Dk Green 6 mL (Sodium heparin no gel) BD <u>367878</u> |
| ____ | ____ | Lt Green PST Li Hep Microtainer 500 µl BD <u>365958</u> |
| ____ | ____ | Lavender 4 mL (EDTA) BD <u>367861</u> |
| ____ | ____ | Lavender Microtainer 500 µL (EDTA) BD <u>365973</u> |
| ____ | ____ | Navy 6 mL Zinc (Trace No additive) BD <u>368380</u> |
| ____ | ____ | Navy 6 mL K2 EDTA (lead testing) BD <u>368381</u> |
| ____ | ____ | Pink 6 mL (Blood Bank K3 EDTA) BD <u>367899</u> |
| ____ | ____ | Red 4 mL w/ clot activator (No Gel) BD <u>367812</u> |
| ____ | ____ | Red 10 mL w/ clot activator (No Gel) BD <u>367820</u> |
| ____ | ____ | Gold 4 mL w/ clot activator (SST) BD <u>367983</u> |
| ____ | ____ | Yellow 8.5 mL (HLA) (ACD solution A) BD <u>364606</u> |
| ____ | ____ | Yellow 2.6 mL (HLA) (ACD solution B) BD <u>364816</u> |
| ____ | ____ | Quantiferon TB Gold 4 Tube kit <u>T794</u> |

COLLECTION CONTAINERS

- ____ Fecal Fat Stool Containers (Test Dependent)
- ____ Serum Transport Vials (with caps) 807785
- ____ Sterile Screw Capped urine cups (90 mL) 807835
- ____ 24 Hour NO PRESERVATIVE Urine Containers 807690

MICROBIOLOGY SUPPLIES

- ____ APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens OP 33
- ____ APTIMA Urine Collection Kit for Male and Female Urine Specimens OP 35
- ____ APTIMA Vaginal Swab Specimen Collection Kit OP 34
- ____ BBL single CultureSwab Collection and Transport System with Liquid Stuart's media OP 31
- ____ BBL double CultureSwab Collection and Transport System with Liquid Stuart's media OP 32
- ____ BD Universal Viral Transport Media Micro 13
- ____ Blood Culture Sets Adult (Aerobic, Anaerobic) 442192/442265
- ____ Blood Culture Sets Pediatric (Aerobic) 442194
- ____ ChloraPrep Applicator Micro 11
- ____ Pertussis PCR (Orange StarSwab) Micro 6
- ____ Pertussis Regan-Lowe Media Micro 2
- ____ Stool Collection Transport vial (ORANGE CAP) 900612
(Use for Enteric Pathogen PCR Panel, and Crypto/Giardia Ag)
- ____ A.C.T. II Sterile Culture Transport System (Aerobic, Anaerobic)
(Use for sterile body fluids)

MISCELLANEOUS SUPPLIES

- ____ Fetal Fibronectin Test 00797
- ____ Formalin Bottles Single (20 mL) Histo 1
- ____ Formalin Bottles Single (40 mL) Histo 2
- ____ Formalin Bottles Single (60 mL) Histo 3
- ____ Formalin Bottles Single (120 mL) Histo 4
- ____ Formalin Bottles 120/Box (20 mL) Histo 5
- ____ Formalin Bottles 50/Box (40 mL) Histo 6
- ____ Formalin Bottles 50/Box (60 mL) Histo 7
- ____ Formalin Bottles 50/Box (120 mL) Histo 8
- ____ Specimen Bags (6 x 9) 811378
- ____ OTHER (write in quantity and item)

CYTOLOGY SUPPLIES

Please call Dane County Cytology at 608-255-5135.