

Supply Order Form

Fax Completed Form To 515-643-8832



DATE: _____

ORDERED BY: _____

CLIENT: _____

CLIENT #: _____

ADDRESS: _____

PHONE: _____

We can ONLY supply what is needed for the actual amount of work that is sent to MercyOne Des Moines Laboratory. It is a violation of our compliance policy and the Office of the Inspector General for MercyOne Des Moines Laboratory to provide supplies to clients who do not comply with this criterion.

Please use Client Number

GENERAL LAB

_____ Supply Order Form (10)
 _____ Atlas Label (Roll)
 _____ General Test Requisition (100)
 _____ Ziplock Transport Bio Bag (100)
 _____ Red STAT Bag (ea)
 _____ Blue Frozen Bag (ea)
 _____ Red Top Tube (100/pk)
 _____ Gold Top Tube SST (100/pk)
 _____ Purple Top EDTA Tube (100/pk)
 _____ Blue Top Na Citrate Tube (100/pk)
 _____ Light Green Top PST LiHep Tube (100/pk)
 _____ Pink Top ABO/Rh Tube (100/pk)
 _____ No Additive Tube / Transfer Device (ea)
 _____ Dark Blue Serum Tube (ea)
 _____ Dark Blue EDTA Tube (ea)
 _____ Green Na Hep Tube (ea)
 _____ Quantiferon TB Gold (set/ea)
 _____ 21g Eclipse Needle (48/Box)
 _____ Hub, disposable (250/Bag)
 _____ Tourniquete (100/Box)
 _____ 5ml Aliquot Tube & Cap (100/Bag)
 _____ 24 Hr Urine Jug (ea.)
 _____ Sterile Specimen Cup (10)
 _____ Specipan (for urine & stool collection) (ea)
 _____ Small Clear Ziplock Courier Bag (bundle)
 _____ Large Clear Ziplock Courier Bag (bundle)

OTHER:

MICROBIOLOGY

_____ Cobas PCR Uni Swab (GC/Chlamydia) (10)
 _____ Cobas PCR Urine Kit (GC/Chlamydia) (10)
 _____ Ova & Parasite Vial (black lid) (10)
 _____ EcoFix Stool Vial (expanded O&P) (green lid) (ea)
 _____ Stool/Feces Culture Vial (orange lid) (10)
 _____ Culturette, Aerobic - Regular (25)
 _____ Culturette, Aerobic - Mini Tip (25)
 _____ Culturette, Aerobic - Dual Swab (25)
 _____ ESwab, Aerobic, Anaerobic,
 & Fastidious Bacteria (10)
 _____ Culture, Anaerobic Vial (for fluids) (ea.)
 _____ Yellow UA & Gray UR Cx w/ Transfer Device (25)
 _____ Gray UR Cx w/ Transfer Device (25)
 _____ Cleansing Towelette (25)
 _____ Viral Transport Media w/ NP Swab (10)
 _____ Viral Transport Media w/ Nasal Swab (10)
 (for COVID 19 PCR testing only)
 _____ Occult Blood Mailer Kit (20/Box)
 _____ Occult Blood Vial (10)
 _____ Affirm Kit (vaginitis) (ea)
 _____ Blood Culture Set (Bottles Only) (ea)
 _____ Blood Culture Kit Adult (ea)
 _____ Blood Culture Bottle Peds (ea)
 _____ Blood Culture Kit Peds (ea)

HISTOLOGY

_____ Surgical Pathology Requisition (blue) (100)
 _____ 20 ml Formalin Container (24/Box)
 _____ 40 ml Formalin Container (24/Box)
 _____ 60 ml Formalin Container (10)
 _____ 120 ml Formalin Container (10)
 _____ 64 oz Tissue Container (ea)
 _____ 128 oz Tissue Container (ea)
 _____ Small Bio Hazard Bag (ea)
 _____ Large Bio Hazard Bag (ea)

CYTOLOGY

_____ Cytopathology Requisition (100)
 (for paps and non-gyn cytology)
 _____ Cyto Broom (25)
 _____ Cyto Brush / Scrapers (25)
 _____ Thin Prep Liquid Vials (pap smear) (25/tray)
 _____ Thin Prep Cytolyt Vials (non gyn) (20/tray)

INFORMATIONAL BROCHURES

_____ Patient Service Center Locations (25)
 _____ Sputum Collection (10)
 _____ 24 HR Urine Collection (10)
 _____ Glucose Tolerance Test (10)
 _____ Semen Analysis (10)
 _____ Stool Collection (10)
 _____ Routine Urine Collection (10)