

Rec Date: _____
Fill Date: _____

Phone: 209.461.5394
Fax: 916.853.4717

SUPPLY ORDER FORM

REQUESTING FACILITY: _____ DATE: _____

QUANTITY	UNIT	ITEM DESCRIPTION
	BX	CHLAMYDIA COLLECTION KIT
	PK	SPECIMEN BAGS - SMALL (AMBIENT)
	PK	SPECIMEN BAGS - SMALL (FROZEN)
	PK	SPECIMEN BAGS - SMALL (REFRIGERATED)
	PK	SPECIMEN BAGS - SMALL
	PK	SPECIMEN BAGS - GALLON
	PK	STAT BAGS
	ROLL	TRANSPORT LABELS - CYTOLOGY
	ROLL	TRANSPORT LABELS - HCCL
	ROLL	TRANSPORT LABELS - MET
	ROLL	TRANSPORT LABELS - MGH
	ROLL	TRANSPORT LABELS - MHF
	ROLL	TRANSPORT LABELS - MICRO
	ROLL	TRANSPORT LABELS - MSJ
	ROLL	TRANSPORT LABELS - PATHOLOGY
	ROLL	TRANSPORT LABELS - WHC
	ROLL	TRANSPORT LABELS - WHC PATH
	EA	VIRAL TRANSPORT MEDIA (M4)
	SET	QUANTIFERON TUBES
	EA	O&P STOOL KITS
	EA	ENTERIC CULTURE KIT
	EA	FECAL OCCULT BLOOD
	CS	URINE DRUG SCREEN KITS
	EA	CHAIN OF CUSTODY FORMS

OTHER: _____

*Please note: Items will only be supplied for tests performed at HCCL Stockton

FAX REQUEST TO 916.853.4717