

Rec Date: _____
Fill Date: _____

SUPPLY ORDER FORM

DATE: _____

REQUESTING FACILITY: _____

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
	EA	VIRAL TRANSPORT MEDIA (M4)
	SET	QUANTIFERON TUBES
	EA	O&P STOOL KITS
	EA	ENTERIC CULTURE KIT
	CS	URINE DRUG SCREEN KITS
	EA	CHAIN OF CUSTODY FORMS

OTHER: _____

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

FAX REQUEST TO 916.853.4717