

# Supply Request Form

## OHSU Health Hillsboro Medical Center Laboratory Services

Physician or office name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of order: \_\_\_\_\_

**We provide supplies for your use to collect & submit specimens to our laboratory. In compliance with Federal regulations, we cannot provide supplies if the specimen is being referred to a non-HMC laboratory.**

### FORMS

Test Requisition Form and Supply Request Form can be found at: <https://www.testmenu.com/Tuality>

- Request for courier service
- Diagnostic imaging form
- GTT handout
  - \_\_\_\_\_ ENG (668306) \_\_\_\_\_ SPA (668307)

**\* If the form you need is not listed above, please order through Materials Management @ (503) 681-1037.**

### PATHOLOGY SUPPLIES

- Formalin bottles
  - \_\_\_\_\_ each 40ml \_\_\_\_\_ each 20ml
- Liquid based pap
  - \_\_\_\_\_ trays (25 bottles per tray)
  - Brooms  Brushes & spatulas

### VACUTAINER TUBES

- \_\_\_\_\_ each \_\_\_\_\_ tray Target top 5ml
- \_\_\_\_\_ each \_\_\_\_\_ tray Lavender top 3ml
- \_\_\_\_\_ each Light blue top 2.7ml
- \_\_\_\_\_ each Royal blue EDTA
- \_\_\_\_\_ each Royal blue serum
- \_\_\_\_\_ each \_\_\_\_\_ tray Green Lith/Hep PST top 5ml
- \_\_\_\_\_ each \_\_\_\_\_ tray Gray top 4ml
- \_\_\_\_\_ each Red top 10ml
- \_\_\_\_\_ each Purple top 6ml

### MISC

- \_\_\_\_\_ each \_\_\_\_\_ bag Culture swabs
- \_\_\_\_\_ each Herpes media (UTM was VCM)
- \_\_\_\_\_ each Aptima® Multitest (orange label)
  - \*Vag Pathogens Panel only
- \_\_\_\_\_ each cobas® Dual Swab Sample Kit
  - \*CT/NG
- \_\_\_\_\_ each O&P kits (black lid)
- \_\_\_\_\_ each Stool culture transport media (orange lid)
- \_\_\_\_\_ pack Stool containers
- \_\_\_\_\_ box Urine containers (sterile)
- \_\_\_\_\_ each 24-hour urine containers
- \_\_\_\_\_ each Urine C&S transport kit
- \_\_\_\_\_ each Specipan (urine hats)
- \_\_\_\_\_ each Specimen transport bags
- \_\_\_\_\_ each Tourniquets
- \_\_\_\_\_ each Quantiferon
- \_\_\_\_\_ each Flu swabs/Covid kits

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FAX THIS FORM TO LABORATORY CLIENT SERVICES @ (503) 681-1609**