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 (standard)
* Request for courier service
* Supply request form
* 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

* Surepath (liquid based pap)

\_\_\_\_\_ trays (25 bottles per tray)

❒ Brooms ❒ Brushes & spatulas

❒ Cervix-brush combi

**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 \_\_\_\_\_ trayGreen Lith/Hep PST top 5ml

\_\_\_\_\_ each \_\_\_\_\_ trayGray top 4ml

\_\_\_\_\_ each Red top 10ml

\_\_\_\_\_ each PPT Tubes 6ml (purple)

 **MISC**

\_\_\_\_\_ each Blood culture bottles

-❒ Adult ❒ Pediatric

\_\_\_\_\_ each \_\_\_ bag Culture swabs

\_\_\_\_\_ each Herpes media (UTM was VCM)

\_\_\_\_\_ each Aptima Multitest (orange label)

\_\_\_\_\_ each Aptima Unisex (white label)

\_\_\_\_\_ 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 FOB kits (was fit kits)

\_\_\_\_\_ each Flu swabs/Covid kits

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

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06/2023 amc (internal)

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