

Client Supply Order Form

Date: _____
 Customer Name: _____
 Address: _____ Suite _____
 City: _____ Contact # _____

Item	Product ID	Amt	Ordering	Amt
Miscellaneous	Number	Ordered	Unit of Measure	Filled
Specimen bags-Clear	IP69B		ea / case	
Specimen STAT bags	IP69RSTAT2		ea / case	
Large tracking bags	0180009		bag	
Atlas labels (Dymo)-Small #30336			ea	
Glucola (specify 75 ml or 100 ml)			pkg	
Latex-Free Tourniquets	10001		bag	
Dermatophyte media	7051		ea	
*Streck kits MML Supply T715			ea	
Pediatric Heel Warmer	MDS138007		ea	
Brown protect from light bio-bags	MGUV3P0406		ea	
9 volt batteries	EN2Z		ea	
*5 gram sodium carbonate			ea	
*25 ml acetic acid			ea	
*15 ml acetic acid			ea	
OSF Inter Office Shipping Label			ea	

Item	Product ID	Amt	Ordering	Amt
Pathology	Number	Ordered	Unit of Measure	Filled
40 ml biopsy containers	LC0040		ea	
120 ml biopsy containers	LC0120		ea	
ThinPrep Pap solution	70097-001		flats	
Endocervical Spatula/Brush _____ Broom _____	51491-001/908006		pkg	
*Urovision FISH testing			ea	
Michel Fixative	S2168D-100		ea	
Slide mailers	2500		box	
Slide holders	I.C.C.		pkg	
Slide folders	CAS9000		pkg	

Urine Collection				
Item	Product ID	Amt	Ordering	Amt
24 hr Urine Container	14375116		ea	
Urine mid-stream collection kits	BRD842803		case	
Urine culture transport kits (straw kits)	364953		ea	
Urine specimen cup (orange lid)			ea	
Urine hat	PMP02072CS		ea	
Urine strainer	DYND4712		pkg	

* Denotes we obtain the item from Mayo

All requested supply items will be verified by prior account usage and filled appropriately

Please fax supply requests to (309) 624-9037 or give to courier to deliver.

Signature: _____

By signing, I certify that all requested supplies will be used solely for the purpose of specimen collection for OSF System Laboratory samples.