



Lab Supply Request

For Legacy Clinics Only

Phone# 503-413-1234 or 877-270-5566
Fax# 503-413-5086 or 800-494-0252

CLINIC NAME: _____ CLINIC LOCATION: _____
LEGACY LAB CLIENT NO.: _____ PHONE: _____
EMAIL: _____ DATE: _____
REQUESTED BY: _____

ITEM NO.	DESCRIPTION	UNITS REQUESTED
GYN-0001-V	Surepath Pap Vial (Collection Device Separate)	_____(Box/25)
490524	Surepath Cytology Broom	_____(Box/25)
490525	Surepath Brush + Scraper	_____(Box/25)
490526	Surepath Combi Brush	_____(Box/25)
70097-001	Thinprep Pap Vial (Collection Device Separate)	_____(Box/25)
908006	Thinprep Broom	_____(Box/25)
51491-001	Thinprep Cytology Brush + Scraper	_____(Box/25)
283792	BD Affirm VPIII (Vaginal Pathogens)	_____(Maximum of 10)
308950	BD ProbeTec Qx Endocervical Swab	_____(Maximum of 10)
232445	Tissue Biopsy Bottle (Formalin) 40 ML	_____
384699	Tissue Biopsy Bottle (Formalin) 60 ML	_____
ARUP 12884	UTM Transport Kit (Ureaplasma/Mycoplasma)	_____
142081	M4RT Transport Media + Swab	_____
236377	Culture Collect Single Swab	_____(Maximum of 10)
102651	Culture Collect Double Swab	_____(Maximum of 10)
274146	Transystem Double Swab (Scored Shaft for PCR)	_____(Maximum of 10)
372280	Occult Blood IFOB Collection Mailer Kit	_____
ARUP 51124	Breath Tek UBT Kit	_____
342002	2 ML Gray Tube (Sodium Fluoride)	_____(Maximum of 10)
238095	2.7 ML Light Blue Tube (Coag)	_____(Maximum of 10)
178793	6 ML Royal Blue Tube (K2 EDTA)	_____(Maximum of 10)
198556	8.5 ML Yellow Tube (ACD Solution A)	_____(Maximum of 10)
166315	6 ML Yellow Tube (ACD Solution B)	_____(Maximum of 10)
100743	Blood Culture Bottle Aerobic	_____
100744	Blood Culture Bottle Anaerobic	_____
361886	Blood Culture Bottle Pediatric	_____
374375	Blood Culture Bottle Fungus	_____
164407	Specimen Bag / Double Pouch (100 EA)	_____(Maximum of 1)
375212	QuantiFERON(r) TB Gold Plus Collection Kit	_____(Box/25)

Please place orders through Lawson for supplies routinely used in your clinic.