



Laboratory Supply Requisition Form

Ordering Location/Client: _____

Date: _____

Requestor's Name: _____

All Supplies Furnished by WellSpan Laboratory Services must be returned to a WellSpan Laboratory for Processing

Ephrata Community Hospital

Phone: 717-738-6415

Fax: 717-738-6533

Gettysburg Hospital

Phone: 717-339-2383

Fax: 717-339-2329

Good Samaritan Hospital

Phone: 717-270-7551

Fax: 717-228-2986

York Hospital

Phone: 717-851-6902

Fax: 717-851-1443

Urine and Stool Collection Supplies	Quantity
*Sterile Cup (Urine Cup) L#11225	
*Castile Soap Towelette L#17275	
*Urine/Stool Hat L#20520	
24 hour urine container	
Specify Preservative:	

Microbiology	Quantity
BD Universal Viral Transport--standard tip (Herpes)	
BD Universal Viral Transport--mini tip (Respiratory)	
*Aerobic Culture Swabs (standard tip) L#11041	
Strep A E-swabs	
BD Flocked NP E-swab (Bordetella)	
Anaerobic Culture Media	
*Urine Culture BD Vacutainer L#11229	
Stool Culture Vial	
O&P Vial	
Aptima Multitest Swab (GC/CT/Trich/Bact. Vag./Mycoplasma)	

Needles	Quantity
21 Gauge, straight	
22 Gauge, straight	
Needle Holder	
21 Gauge, butterfly	
23 Gauge, butterfly	
Tourniquets	

Request Forms	Quantity
Surgical Pathology Forms	
Laboratory Services Outpatient Lab Requisition **Can be printed from the Lab Services Website (http://www.wellspanlabs.org)	
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Tubes	Quantity
Serum Separator--5 mL Gold Top	
Plain--6 mL Red Top	
EDTA--4 mL Lavender Top	
Citrate--2.7 mL Light Blue Top	
Plasma Separator-- 3 mL Lithium Heparin Light Green Top	
Sodium Fluoride/Potassium Oxalate--4mL Gray Top	

Cytology/Histology	Quantity
ThinPrep PAP fixative with broom	
ThinPrep PAP fixative with brush/spatula	
Spray Fixative	
Formalin	
CytoLyte	

Miscellaneous	Quantity
*Biohazard bag, 6 x 9 L#11234	
*Biohazard bag, 12 x 15 L#100141	
FIT-Fecal Occult Blood Specimen Kits	
Lead testing cards--dried blood spot	

Other:	Quantity

WellSpan Facilities:
Items marked with an asterisk (*) should be ordered through Lawson with the provided Lawson number

Lab Use Only

Order Pulled By: _____

Date: _____