

Wellspring Laboratory Services
SUPPLY REQUISITION
 PHONE: 851-6902 FAX - 851-1443

Client: _____ Date: _____

Person Ordering Supplies: _____ Phone: _____

PLEASE ALLOW 5-7 WORKING DAYS FOR DELIVERY

CYTOLOGY/HISTOLOGY

- Qty
 _____ SLIDES
 _____ SLIDE HOLDERS
 _____ 20 ML FORMALIN
 _____ 40 ML FORMALIN
 _____ CYTO SCRAPERS
 _____ CERVICAL BRUSHES
 _____ THIN PREPS W/BRUSHES
 & SCRAPERS
 _____ SPRAY FIXATIVE
 _____ CYTOLYTE

CULTURE SUPPLIES

- Qty
 _____ ANEROBIC SYSTEM
 _____ CULTURETTE (Aerobic)
 _____ VIRAL SWABS (STANDARD)
 _____ VIRAL SWABS (MINI TIP)
 _____ OVA & PARASITES VIAL
 _____ STOOL CULTURE VIAL
 _____ CHLAMIDA / GC SWABS
 (MALE) Blue
 (FEMALE) Pink
 _____ E SWABS - PERTUSSIS
 _____ AFFIRM
 _____ URINE CULTURE

**URINE AND STOOL
 COLLECTION SUPPLIES**

- Qty
 _____ URINE CUPS
 _____ TOP HATS
 _____ PEDIATRIC BAGS
 _____ GREEN SOAP
 _____ 24 HR URINE BOTTLE
 _____ 24 HR STONE RISK BOTTLE
 _____ 24 HR URINE INSTRUCT

VENIPUNCTURE SUPPLIES

*ONLY IF DRAWING BLOOD FOR
 YORK HOSPITAL*

- Qty
 _____ BLUE TUBES
 _____ RED TUBES 6 ML
 _____ GOLD TUBES 5.0 ML
 _____ GREEN TUBES 6.0 ML
 _____ GRAY TUBES 2 ML
 _____ LAV TUBES 3 ML
 _____ LAV TUBES 6 ML
 (FOR BNP ONLY)

NEEDLES

- MULTI SAMPLE
 Qty
 _____ GREEN 21 GAUGE
 _____ BLACK 22 GAUGE
 _____ NEEDLE PRO ADAPTER
 _____ TOURNIQUET

SHARPS CONTAINERS

- Qty
 _____ 2 GALLON

**ONLY DISTRIBUTED TO
 OFFICES WHICH DRAW LABS
 FOR WELLSPAN**

FORMS/REQUISITIONS

- Qty
 _____ #81A SUPPLY REQUISITION
 _____ #3007 CYTOPATH
 _____ #3008 SURGICAL PATH.
 _____ #3011 IMAGING
 _____ #3012R LAB REQUEST
 _____ #402 WOMEN'S IMAGING
 _____ #5249 (PAT FORMS)PHYS.
 TREATMENT RECORD
 _____ PAT ENVELOPES
 _____ #5253 AUTHORIZATION
 FOR PROCEDURE
 _____ #5289 ANESTHESIA
 QUESTIONNAIRE
 _____ #5330 HISTORY &
 PHYSICAL
 _____ #602 ABN FORM
 _____ #620 PRE-OP TESTING
 _____ #9337-3 CT SCAN
 _____ #9337-3 MRI SCAN
 _____ #5651 CONSENT TO
 BLOOD & PRODUCTS
 _____ #1993 LAB SERVICE
 HRS & LOCATIONS
 _____ OTHER- PLEASE ENCLOSE
 A SAMPLE OF FORM

OTHER: _____

**ALL SUPPLIES FURNISHED BY YORK HOSPITAL LABORATORY
 MUST BE RETURNED TO YORK HOSPITAL FOR PROCESSING**