

SUPPLY REQUISITION

Courier Route: _____

MERITER LABORATORIES

36 S. Brooks St. – Madison, WI 53715

To place an order by phone dial: (608) 417-6529 or (800) 236-0465

To place an order by fax: (608) 417-6393

Please Provide Complete Information

<p>Date: _____</p> <p>Individual Ordering: _____</p> <p>Facility's Name _____ (please print full name)</p> <p>Telephone No: _____</p>	<p>The supplies provided by Meriter Laboratories are solely to be used for the collection and preparation of specimens which are being sent to our Laboratory for testing. Federal regulations prohibit using supplies provided by our company for any other use. Placing orders for and receiving supplies is an acknowledgment of understanding and agreeing to these conditions. ML reserves the right to reduce the number of supplies ordered per client due to previous usage and or expired supply returns.</p> <p>Please allow 3 working days for delivery by courier and 1 week for delivery by mail.</p>
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REQUISITION FORMS

- _____ Chemistry & Hematology Telephone Report Forms 810115
- _____ Client Requisitions 814523
- _____ Cytology Supply Requisition Call DCC at 608-255-5135
- _____ Histology Requisitions 811587
- _____ HIV Consent 812845
- _____ Infection Control Forms OP 6
- _____ Microbiology Telephone Report Forms 808528
- _____ Nursing Home Requisitions OP 36
- _____ Prenatal Requisitions OP 19
- _____ Supply Requisitions OP 3
- _____ Veterinary Requisitions OP 24

COLLECTION TUBES

- | #Single | #Flat | |
|---------|-------|--|
| _____ | _____ | Amber SST Microtainer 500 µl BD <u>365959</u> |
| _____ | _____ | Black 5 mL NMR Lipoprofile® <u>OP 25</u> |
| _____ | _____ | Lt Blue 2.0 mL (Na Citrate) Short Draw <u>G454322</u> |
| _____ | _____ | Lt Blue 3.5 mL (Na citrate) <u>G454332</u> |
| _____ | _____ | Lt Green 3 mL (PST Lithium heparin) <u>G454247</u> |
| _____ | _____ | Lt Green 4 mL (Lithium heparin no gel) <u>367884</u> |
| _____ | _____ | Lt Green PST Li Hep Microtainer 500 µl BD <u>365958</u> |
| _____ | _____ | Lavender 4 mL (EDTA) <u>G454023</u> |
| _____ | _____ | Lavender Microtainer 500 µL (EDTA) <u>BD 365973</u> |
| _____ | _____ | Navy 6 mL (Trace No additive) <u>BD 368380</u> |
| _____ | _____ | Navy 7 mL EDTA (lead testing) Kendall <u>307022</u> |
| _____ | _____ | Navy 7 mL (Zinc testing) Kendall <u>307006</u> |
| _____ | _____ | Pink 6 mL (Blood Bank K3 EDTA) <u>4156003</u> |
| _____ | _____ | Red 4 mL w/ clot activator (No Gel) <u>G454204</u> |
| _____ | _____ | Red 9 mL w/ clot activator (No Gel) <u>G455092</u> |
| _____ | _____ | Red 4 mL w/ clot activator (SST Gld Ring) <u>G454067</u> |
| _____ | _____ | Yellow 10 mL (No additive, Body Fluid) <u>364979</u> |
| _____ | _____ | Yellow 8.5 mL (HLA) (ACD solution A) <u>BD 364606</u> |
| _____ | _____ | Yellow 2.6 mL (HLA) (ACD solution B) <u>BD 364816</u> |
| _____ | _____ | Yellow 8.3 mL SPS (Micro) BD <u>364960</u> |

COLLECTION CONTAINERS

- _____ BD Urine Collection Kits (Nursing home use only) 364956
 - _____ Fecal Fat Stool Containers (Test Dependent)
 - _____ Serum Transport Vials (with caps) 807785
 - _____ Sterile Screw Capped Containers (90 mL) 807835
 - _____ 24 Hour Urine Containers 807690
- _____ preservative

MICROBIOLOGY SUPPLIES

- _____ APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens OP 33
- _____ APTIMA Urine Collection Kit for Male and Female Urine Specimens OP 35
- _____ APTIMA Vaginal Swab Specimen Collection Kit OP 34
- _____ BBL CultureSwab Collection and Transport System with Liquid Stuart's media (Single) OP 31
- _____ BBL CultureSwab Collection and Transport System with Liquid Stuart's media (Double) OP 32
- _____ BD Universal Transport Media Micro 13
- _____ Blood Culture Sets Adult (Aerobic, Anaerobic) 442192/442265
- _____ Blood Culture Sets Pediatric (Aerobic) 442194
- _____ ChloraPrep Applicator Micro 11
- _____ Dacron Swabs Micro 10
- _____ GC Plate Micro 3
- _____ HPV Cervical Sampler 5126-1220
- _____ NP Swabs (wire) Micro 5
- _____ Occult Blood Immunochemical Micro 11
- _____ Pertussis PCR Tubes Micro 6
- _____ Pertussis Regan-Lowe Media Micro 2
- _____ Port-A-Cul Vial 221608
- _____ Stool C & S Kits 900612
- _____ Stool O & P Kits 900212-Yellow top-REQUIRED
- _____ Stool O & P Kits MML 2-Green top-ECOFIX-Optional, needed in addition to Yellow top to send specimen to Mayo for Microscopic Parasitic Examination

MISCELLANEOUS SUPPLIES

- _____ Fetal Fibronectin Test 00797
- _____ Formalin Bottles Single (20 mL) Histo 1
- _____ Formalin Bottles Single (40 mL) Histo 2
- _____ Formalin Bottles Single (60 mL) Histo 3
- _____ Formalin Bottles Single (120 mL) Histo 4
- _____ Formalin Bottles 120/Box (20 mL) Histo 5
- _____ Formalin Bottles 50/Box (40 mL) Histo 6
- _____ Formalin Bottles 50/Box (60 mL) Histo 7
- _____ Formalin Bottles 50/Box (120 mL) Histo 8
- _____ Frozen Labels OP 30
- _____ Specimen Bags (6 x 9) 811378
- _____ OTHER (write in quantity and item)

CYTOLOGY SUPPLIES

Please call Dane County Cytology at 608-255-5135.

Please make a copy for your records