

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

Date: _____	Facility Account #: _____
Individual Ordering: _____	Ship supplies to: _____
Facility's Name _____ (please print full name)	Attn: _____
Telephone No: _____	Street: _____
	City/State/Zip: _____

Please allow 3 working days for delivery by courier and 1 week for delivery by mail

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
- ___ Prenatal Requisitions OP 19
- ___ Supply Requisitions OP 3
- ___ Veterinary Requisitions OP 24

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
- ___ Blood Culture Sets Adult (Aerobic, Anaerobic) 442192/442265
- ___ Blood Culture Sets Pediatric (Aerobic) 442194
- ___ Dacron Swabs Micro 10
- ___ GC Plate Micro 3
- ___ HPV Cervical Sampler 5126-1220
- ___ Normal Saline Transport Tube, 1 mL Micro 9(Flu/RSV Transport)
- ___ NP Swabs (wire) Micro 5
- ___ 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 MLL 2-Green top-ECOFIX-Optional, needed in addition to Yellow top to send specimen to Mayo for Microscopic Parasitic Examination
- ___ Stool Occult Blood Immunochemical Micro 11
- ___ Viral Transport Media M5 Micro 1

COLLECTION TUBES

- | | | |
|---------|-------|--|
| #Single | #Flat | |
| ___ | ___ | Amber SST Microtainer 500 µl BD <u>365959</u> |
| ___ | ___ | Lt Blue 2.0 mL (Na Citrate) Short Draw <u>G454322</u> |
| ___ | ___ | Lt Blue 2.7 mL (Buffered Na citrate) BD <u>366393</u> |
| ___ | ___ | Lt Blue 3.5 mL (Na citrate) <u>G454332</u> |
| ___ | ___ | Dark Green 6 mL (Na heparin) BD <u>367878</u> |
| ___ | ___ | Lt Green 3 mL (PST Lithium heparin) <u>G454247</u> |
| ___ | ___ | Lt Green 6 mL (Lithium heparin no gel) <u>G456028</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) BD <u>365973</u> |
| ___ | ___ | Mint 6 mL Na Hep (Blk Ring, Quantiferon) <u>G456028</u> |
| ___ | ___ | Navy 6 mL (Trace No additive) BD <u>368380</u> |
| ___ | ___ | Navy 7 mL EDTA (lead testing) Kendall <u>307022</u> |
| ___ | ___ | Navy 7 mL (Zinc testing) Kendall <u>307006</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> |
| ___ | ___ | Red 8 mL NMR Lipoprofile® (Gold Ring) <u>OP 25</u> |
| ___ | ___ | White 6 mL (No additive, Body Fluid) <u>G456085</u> |
| ___ | ___ | Yellow 8.5 mL (HLA) (ACD solution A) BD <u>364606</u> |
| ___ | ___ | Yellow 2.6 mL (HLA) (ACD solution B) BD <u>364012</u> |
| ___ | ___ | Yellow 8.3 mL SPS (Micro) BD <u>364960</u> |

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)

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

CYTOLOGY SUPPLIES

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

Please make a copy for your records