



INDEPENDENT PROVIDER SUPPLY ORDER

FAX to Specimen Processing at 302-645-3626 or submit to your Courier

Additional items may be written in and are subject to authorization. Forms submitted without a legible practice name and contact information will not be fulfilled.

Practice name/location: _____

Requested by: _____ Contact phone #: _____

Date requested: _____ Date filled: _____

DESCRIPTION	ORDERED	ISSUED
GENERAL LAB SUPPLIES		
24 Hour Urine Containers, Bio Hazard Bags and Brochures		
Antiseptic Towelettes		
Bio-Hazard Bags		
Blood Agar Plate		
Chlamydia/GC Genital Source (Vaginal/Endocervical) GeneXpert Collection Kit		
Clean Catch Urine Containers		
Coverslips		
Culturette Swabs (Resp CX/Strep/Wounds)		
Culturette Swabs (Anaerobic Transport System)		
Formalin Vials (indicate size)		
Hemocult-Single Pack		
Hemocult-Triple Pack		
Joint Fluid Collection Kit		
Nasopharyngeal Swab Cultures		
Pack Transport Jar		
Pin Worm Kit		
Port-A-Cult Envelope		
Port-A-Cult Sterile		
Slides		
Stool Collection Kit (Red Cup, Orange Vial, Bio Hazard Bags and Brochure)		
Thin Prep Cytolyte Solution (Non-gynecologic specimens)		
Thin Prep Cytolyte Solution (Urine)		
Thin Prep Vials and Spatulas		
Urine Transfer Kits for Culture		
Vaginitis Panel Kit (Trichomonas, Garderella, Candida)		
Viral Swabs (RSV/FLU/COVID)		
LABORATORY REQUISITION FORMS		
General Laboratory Requisition (#1510)		
Microbiology Requisition (#1525)		
Surgical Pathology /Non GYN Cytopathology Req. (#10017)		
GYN Cytopathology Requisition (#10395)		
Maternal Screening AFP/Qual Screen, 2 nd Trimester (MC 1235-123)		
Molecular Genetics: Congenital Inherited Disease Form (MC 1235-97)		
RADIOLOGY REQUISITION FORMS		
Diagnostic Imaging FASTEST Request Form (#10517)		
Bone Densitometry (#10517)		
Breast Imaging (#M336)		
Lung Cancer Screening (Low Dose CT)		