

INDEPENDENT PROVIDER SUPPLY ORDER

Facility Name / Location: _____ Date _____

Requested by: _____ Contact Phone : _____

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

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

Description	# Requested	# Issued
GENERAL LAB SUPPLIES		
Antiseptic Towelettes		
Biohazard Bags		
Chocolate Agar Plates and Slants		
Coverslips		
Formalin- Circle vial size: 30ml, 60ml, 120ml or 180ml		
GeneXpert Vaginal Specimen Collection Kit (CT/NG)		
Hemocult SENSE - Single Pack		
Hemocult SENSE - Triple Pack		
Joint Fluid Collection Kit		
Pack Transport Jar		
Pin Worm Kit		
Port-A-Cult Envelope		
Port-A-Cult Sterile		
Slides		
Stool Collection Kit (Plastic Cup, Orange Vial, Biohazard Bags, Labels & Brochure)		
Swabs: Aerobic Culture Transport (Throat, Strep, Wound)		
Swabs: Anaerobic Transport (Anaerobic Specimens)		
Swabs: Viral Transport Media (Respiratory & Covid – cap color may vary)		
Swabs: Viral Transport Media (HSV 1 & 2 – cap color may vary)		
Thin Prep Cytolyte Solution (Non-Gynecologic specimens)		
Thin Prep Cytolyte Solution (Urine)		
Thin Prep Vials and Spatulas (Gynecologic)		
Urine Containers		
Urine Containers 24 HOUR KITS (Biohazard Bags, Brochure and Label)		
Urine Transfer Kits for Culture		
Vaginitis Panel Collection Kit (Trichomonas, Gardnerella, Candida)		
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)		