



TUNNELL CANCER CENTER SUPPLY ORDER

Facility Name / Location: _____ Date _____

Requested by: _____ Contact Phone : _____

Please indicate if supplies are for: Infusion _____ or Phlebotomy _____

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. Consult storeroom catalog for other inventory items.

Forms submitted without a legible facility name and contact will not be fulfilled.

Description	# Requested	# Issued
GENERAL LAB SUPPLIES		
ACD Tubes (Yellow)		
Blood Culture Sets		
CoaguChek INR Strips		
Formalin (To ensure proper fixation there must be a 10 to 1 ratio of formalin to tissue (Circle vial size: 30ml, 60ml, 120ml or 180ml)		
Nova Statstrip - Level 1 Control		
Nova Statstrip - Level 3 Control		
Nova Statstrip - Glucose Test Strips		
Slide Holders		
Sodium Heparin Tubes (Green)		
Swabs: Viral transport Media (respiratory & Covid)		
Urine Containers: 24-hour kits (Biohazard Bags, Brochures and Labels)		