

INDEPENDENT PROVIDER LABORATORY SUPPLY ORDER

Facility Name / Location: _____ Date _____

Requested by: _____ Phone: _____

Submit Supply Orders to Laboratory Client Services via FAX at 302-645-3338 or
EMAIL to LabClientServices@beebehealthcare.org or
CALL Client Services at 302-645-3241 or GIVE directly to a Beebe Courier

For Lab Use Only

BEB Label

*Quantities are subject to availability as well as provider specimen volume.
Orders with illegible or incomplete contact information will not be processed.*

Description	Unit	# Requested	# Issued
GENERAL LAB SUPPLIES			
Antiseptic Towelettes	1 / Each		
Biohazard Bags	1 / Each		
Chocolate Agar Plates and Slants	As directed		
Courier BEB Specimen Barcode Labels	1 / Roll		
Formalin- Circle vial size: 30 ml, 60 ml, 120 ml or 180 ml	1 / Each or 1 / Box		
GeneXpert Vaginal Specimen Collection Kit (CT/NG)	1 / Each or 50 / Box		
Glass Cover Slips (100/ Box)	1 / Box		
Glass Microscope Slides (72 / Box)	1 / Box		
Hemocult SENSA - Single Pack	1 / Each		
Hemocult SENSA - Triple Pack	1 / Each		
Joint Fluid Collection Kit	1 / Kit		
Pin Worm Kit	1 / Kit		
Stool Collection Kit (Plastic Cup, Orange Vial, Biohazard Bags, Labels & Brochure)	1 / Kit		
Swabs: Aerobic Culture Transport (Throat, Strep, Wound) (50 / Bag)	1 / Each		
Swabs: Anaerobic Transport (Anaerobic Specimens) (10 / Box)	1 / Each		
Swabs: Viral Transport Media (HSV 1 & 2 – cap color may vary)	1 / Each		
Swabs: Viral Transport Media (Respiratory & COVID – cap color may vary)	1 / Each		
Thin Prep Cytolyte Solution (Non-Gynecologic specimens – white top)	1 / Each		
Thin Prep Cytolyte Solution (Urine – blue top)	1 / Each		
Thin Prep Vials and Spatulas (Gynecologic) (25 / Tray)	1 / Each		
Urine Collection Commode	1 / Each		
Urine Containers (50 / Box)	1 / Each		
Urine Containers 24 HOUR KITS (Biohazard Bags, Brochure and Label)	1 / Kit		
Urine Transfer Kits for Culture	1 / Each		
Vaginitis Panel Collection Kit (Trichomonas, Gardnerella, Candida)	1 / Each		
LABORATORY REQUISITION FORMS - Supplied as 25 / Pack			
General Laboratory Requisition, (#1510)	-		
Microbiology Requisition, (#1525)	-		
Surgical Pathology /Non GYN Cytopathology Requisition, (#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 – Supplied as 25 / Pack			
Diagnostic Imaging FASTEST Request Form (#M4410)	-		
Bone Densitometry (#10517)	-		
Breast Imaging (#M336)	-		
Lung Cancer Screening (Low Dose CT)	-		