

**CONSOLIDATED MEDICAL BIOANALYSIS LABORATORY
LABORATORY SUPPLIES ORDER FORM**

TEL: (714)657-7369 FAX: (714)657-7828

CLIENT: _____ ACCT#: _____
 ADDRESS: _____
 PH#: _____ FAX #: _____
 ORDERING STAFF: _____ DATE: _____
 RECEIVED BY: _____ DATE: _____
 DELIVERED BY: _____ DATE: _____

SUPPLIES	QTY REQ	QTY ISSUED	BACK ORDER	COMMENTS
Culture Swabs (50)				
Glucola Solution 100g				
Glucola Solution 50g				
Grey Top 4ml (100 Tubes)				
Lavender Top 5ml (100 Tubes)				
Red Top SST 10ml (100 Tubes)				
Red Top Plain 5ml (100 Tubes)				
Blue Top 5ml (100 Tubes)				
Multi Draw 21x1 (100)				
Multi Draw 22x1 (100)				
Pap Smear Kit (25)				
Thin Prep Liquid Pap (25)				
Ova & Parasite Kit				
Specimen Bag				
Urine cups Sterile (100)				
24hr Urine Container				
Tissue Bottle 20ml				
Tissue Bottle 10ml				
Other:				
Urine collection tubes				
Occult Blood Cards				
Requisitions:				
A. Clinical Forms				
B. Cytology Forms				
C. Family Pact				

PLEASE FAX ALL SUPPLY ORDER FORMS ATTENTION: ARTURO
 PLEASE ALLOW 48 HOURS TO RECEIVE SUPPLIES

APPROVED

SIGNATURE OF DEPARTMENT SUPERVISOR DATE

CLIENT SIGNATURE, RECEIVED BY DATE