



PATHOLOGY LABORATORIES

A Sonic Healthcare Clinical Laboratory

1946 N. 13th Street, Suite 301

Toledo, Ohio 43604

Phone: 419-255-4615

Fax: 419-255-4636

Email: supply@pathlabs.org

NOTE: Not for use by clients of CPL (Austin, TX) or its regional markets.

CLINICAL LABORATORY

PLEASE SPECIFY QUANTITIES NEEDED

Vacutainer Tubes

- Qty. _____ Tiger Top SST 8.5 mL (EACH)
- Qty. _____ Gold SST 5 mL (EACH)
- Qty. _____ Red (no gel) 6 mL (EACH)
- Qty. _____ Lavender EDTA 3 mL (EACH)
- Qty. _____ Lavender EDTA 6 mL (EACH)
- Qty. _____ Blue Sodium Citrate 2.7 mL (EACH)

Blood Collection Needles & Hubs

- Qty. _____ 21G x 1-1/4" BD Eclipse needles (48/bx)
- Qty. _____ 22G x 1-1/4" BD Eclipse needles (48/bx)
- Qty. _____ Hub (50 ct.)

PLEASE SPECIFY QUANTITIES NEEDED

Urine Collection

- Qty. _____ Urine C & S Kit (Gray) (EACH)
- Qty. _____ Urinalysis (Red/Yellow) (EACH)
- Qty. _____ Clean Catch Towelettes (Box/100)

PLEASE SPECIFY QUANTITIES NEEDED

Transport Media - Microbiology

- Qty. _____ ESwab™ White Cap (EACH)
- Qty. _____ ESwab™ Blue or Green Mini Tip (EACH)
- Qty. _____ M6RT (Viral Transport) (EACH)
- Qty. _____ COBAS® PCR (Roche) Media Dual Swab Kit (EACH)
- Qty. _____ COBAS® PCR (Roche) Urine Collection Kit (EACH)
- Qty. _____ Aptima® Multi-Test (Orange) Swab
- Qty. _____ BD Affirm™ VP III Transport System (EACH)
(Vaginal Pathogens – DNA Panel)

CYTOLOGY

PLEASE SPECIFY QUANTITIES NEEDED

- Qty. _____ ThinPrep® PAP Kits with Brooms (25/Tray)
- Qty. _____ ThinPrep® PAP Kits with Brush/Scraper (25/Tray)
- Qty. _____ Non-Gyn CytoLyt™ Fixative (EACH)
- Qty. _____ Cytology Requisitions (EACH)
Client # _____
- Qty. _____ Black PAP Transport Bags (10/Roll)

SURGICAL PATHOLOGY

PLEASE SPECIFY QUANTITIES NEEDED

Tissue Containers with Fixative:

Qty. _____ 20 mL _____ 60 mL _____ 120 mL

Other Kits: *(please specify)*

- Qty. _____ Irretrievable Specimen Log (EACH)
- Qty. _____ Surgical Pathology Requisitions (EACH)
Client # _____
- Qty. _____ Yellow Biopsy Transport Bags (10/Roll)

OTHER (ALL LABORATORY PROCEDURES)

PLEASE SPECIFY QUANTITIES NEEDED

- Qty. _____ Advance Beneficiary Notice:
_____ LAB _____ PAP
- Qty. _____ Clinical Requisitions (EACH)
Client # _____
- Qty. _____ Pipettes (100/bag)
- Qty. _____ Screw Top Pour-Off Tubes (100/bag)
- Qty. _____ Specimen Bags (6 x 9) (100/pk.)
- Qty. _____ Sterile Containers (EACH)
- Qty. _____ Supply Order Forms

OTHER INFORMATION OR MATERIALS NEEDED:

**NOTE: Use of supplies is restricted. Supplies are strictly provided for referrals to Pathology Laboratories.
(Please fax the completed form to 419-255-4636 or scan and email to supply@pathlabs.org)**

Client Number: _____ Date: _____

Client Name: _____

Contact Name: _____ Phone: _____

Address: _____