



PATHOLOGY LABORATORIES

A Sonic Healthcare Clinical Laboratory

1946 N. 13th Street, Suite 301
Toledo, Ohio 43604
419-255-4615
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. ___ Red (SST) 8.5ml (100/pk)
- Qty. ___ Red (SST) 5ml (50/pk)
- Qty. ___ Red (SST) 4ml (50/pk)
- Qty. ___ Red (plain) 6ml (100/pk)
- Qty. ___ Lavender 3ml (100/pk)
- Qty. ___ Lavender 6ml (100/pk) (Blood Bank Only)
- Qty. ___ Blue 2.7ml (100/pk)
- Qty. ___ Other _____

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)
- Qty. ___ Hub (250/bag)

Note: Provision of these collection supplies requires special training and written client acceptance of responsibility.

- Qty. ___ Serum Transport Tubes
- Qty. ___ Urine Pour-off Tubes
- Qty. ___ Urine C&S Tubes (Sage)
- Qty. ___ Sterile Urine Containers
- Qty. ___ Clean Catch Towelettes
- Qty. ___ Pipettes

Transport Media - Microbiology and Virology

- Qty. ___ Double swab, Routine Bacteriologic
- Qty. ___ Mini tip, Routine Bacteriologic
- Qty. ___ Anaerobic
- Qty. ___ M4RT Transport Media (Herpes)
- Qty. ___ ATS: Affirm™ Transport System
- Qty. ___ APTIMA® Vaginal Swabs
- Qty. ___ APTIMA® Urine
- Qty. ___ APTIMA® Unisex Swabs (CT/ GC/ TV)
- Qty. ___ Zip-Lock Specimen Transport Bags
- Qty. ___ Requisition Forms (CLINICAL)

CYTOLOGY

PLEASE SPECIFY QUANTITIES NEEDED

- Qty. ___ Slides - Frosted End - Cytology
- Qty. ___ Slide Folders (cardboard)
- Qty. ___ Cytology Fixative

- Qty. ___ PAP-PAK Kits

- Qty. ___ ThinPrep® Cytology Kits (25/pk)
- Qty. ___ Spatula and Brush
- Qty. ___ Brooms

- Qty. ___ SurePath™ Cytology Kits
- Qty. ___ Spatula and Brush
- Qty. ___ Brooms

- Qty. ___ Cytolyt® (for FNA/Non-gyn)

- Qty. ___ Requisition Forms (CYTOLOGY/ SURGICAL PATHOLOGY)
- Qty. ___ Black Pap Transport Bags

SURGICAL PATHOLOGY

- Qty. ___ Charged slides (for bone marrows)

- Tissue containers with fixative
- Qty. ___ 20ml ___ 60ml ___ 120ml

- Qty. ___ Requisition Forms (CYTOLOGY/ SURGICAL PATHOLOGY)
- Qty. ___ Yellow Biopsy Transport Bags

OTHER (ALL LABORATORY PROCEDURES)

- Qty. ___ Advance Beneficiary Notice LAB
- Qty. ___ Advance Beneficiary Notice PAP
- Qty. ___ Supply Order Form
- Qty. ___ Copy Paper
- Qty. ___ Irretrievable Specimen Log Sheets

OTHER INFORMATION OR MATERIALS NEEDED:

NOTE: Supplies restricted for testing performed at PathLabs.

Please [fax] the completed form to 419-255-4636 or [scan and email] to supply@pathlabs.org
It may also be placed in the lockbox for courier pickup.

Client Number: _____ Date: _____

Client Name: _____

Contact Name: _____ Phone _____

Address: _____