



PATHOLOGY LABORATORIES

A Sonic Healthcare Company

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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. ____ Medicare Approved Diagnosis Codes
- Qty. ____ Supply Order Form
- Qty. ____ Copy Paper
- Qty. ____ Report Paper (Blue)
- 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.
It may also be placed in the **lockbox** for courier pickup.

Client Number: _____ Date: _____
 Client Name: _____
 Contact Name: _____ Phone _____
 Address: _____