



American Clinical Laboratories, Inc.

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Supply Request Fax Form

Order online at amclabs.com/supplyorder

Date: _____ Client: _____ Acct. # _____

Filled by: _____

Internal Use Only

Date Filled: _____ By: _____ Date: _____

Tubes

- SST Tubes 8.5ML (Box)
- Red Top Tubes 8.5ML (Box)
- Lavender Top Tubes 4ML (Box)
- Blue Top Tubes 4ML (Box)

Needles

- 21 x 1"
- 22 x 1"
- 21 x 1.5"
- 22 x 1.5"

Misc. Supplies

Requisitions: ___ 100 ___ 200 ___ 300

- Alcohol Preps (Box)
- Specimen Bag
- Band-aids (Box)
- Gauze 2 x 2 (Box)
- Glucose Beverage
- Needle Holders
- Tourniquet
- Blood Culture Bottle

Other: _____

Urine Containers

- Sterile UA Cup
- Urine C&S Kit
- 24 Hr Urine Container

Cytology/Pathology

- Pap Kit
- Thin Prep Pap
- Formalin (Biopsy Bottle)

Specimen Collection

- O&P Kit
- Stool Culture
- Herpes Culture
- Culturettes
- Gen-Probes Male _____ Female _____

Comments:
