



Public Health
Laboratory

RECEIVED:
FILLED/INITIALS:

LABORATORY SUPPLIES REQUISITION

**150 East Holt Blvd., Ontario, CA 91761
Phone (909) 458-9430 Fax (909) 986-3590**

PROGRAM: _____ YOUR NAME: _____
 ADDRESS: _____ PHONE: (_____) _____
 CITY/ZIPCODE: _____ DATE: _____

PLEASE ALLOW UP TO 1 WEEK FOR DELIVERY FROM TIME ORDER IS RECEIVED.
 WE RESERVE THE RIGHT TO LIMIT SUPPLY QUANTITIES.

QTY	UNIT	COLLECTION MATERIALS	LAB USE ONLY LOT#	LAB USE ONLY EXP
	EACH	Bacterial Culture Swab (Gonorrhea/Misc. Culture)		
	PACK/100	Blood Tubes for CD4 ONLY w/preservative (<i>Purple Tiger</i>)		
	FLAT/100	Blood Tubes for CD4/PCR/GENO w/o separator (<i>Purple Top</i>)		
	FLAT/50	Blood Tubes for PCR/GENO w/ plasma separator (<i>Purple w/yellow center</i>)		
	EACH	Blood Tubes for AFB (<i>Yellow Tube/Yellow Top</i>)		
	PACK/50	Blood Tubes for QuantiFERON (set of 3 color-coded tubes per test)		
	BOX/100	Chlamydia/Gonorrhea Collection Kits (Vaginal-Dry)		
	BOX/100	Chlamydia/Gonorrhea Collection Kits (CERVICAL)		
	BOX/100	Chlamydia/Gonorrhea Collection Kits (URINE)		
	EACH	Enteric Stool Container (Orange Top)		
	BOX/25	Occult Blood Test Kit w/ Mailing Envelope		
	EACH	Ova & Parasite Container (Pink & Grey Top)		
	PACK/100	Specimen Bags (Biohazard Labeled 6 x 9")		
	PACK/100	Specimen Bags (Biohazard Labeled 8 x 10" - TB Use Only)		
	EACH	TB Collection Tubes 50ml. blue top (sputum or stool)		
	BAG/100	Urine Cups (for Chlamydia/Gonorrhea Urine Collection Kit)		
	EACH	Viral Culture Swab (for Virus PCR)		
FORMS				
	PKG/167	Laboratory Test Request (3 copy form)		
	SHEET/20	Medical Waste Stickers (Delivery to Laboratory for Discard)		
	SHEET/20	Medical Waste Stickers (Site Code)		
OTHER				
	PACK/10	ProTest Steam (Autoclave Test Ampoules-Set of Two)		