

ST. JOSEPH CLINICAL LABORATORY
PHONE 907-1659
FAX 907-1909

CLIENT SUPPLY REQUISITION

Client: _____ *Location/Building#:* _____

Orderered By: _____

Quantity	Unit	Description
SWABS		
	Each	Herpes/Viral Swabs (red)
	Each	Wound Swabs (blue double swab)
	Each	STD Transport kits (pink top)
	Each	Influenza collection media/swabs
OTHER		
	Each	O&P Kits, C Diff, or Stool Culture (orange)
	Set	Stool Culture w/ Travel History (gray and pink)
	Each	Bordatella kit
	Each	FIT Cards
	Each	Glucose Meter

Should you have any questions, please contact the lab at 907-1659.

Date Order Filled: _____

Filled By: _____