UnityPoint Health
Meriter Laboratories

PARTNER OF UW Health

SUPPLY REQUISITION

Courier Route:_____

MERITER LABORATORIES
36 S. Brooks St. – Madison, WI 53715
To place an order by phone dial: (608) 417-6529 or (800) 236-0465
To place an order by fax: (608) 417-6393

Please Provide Complete Information

Date:_____

Individual Ordering:_____
(please print full name)

Facility's Name_____
(please print full name)

Telephone:_____

The supplies provided by Meriter Laboratories are solely to be used for the collection and preparation of specimens which are being sent to our Laboratory for testing. Federal regulations prohibit using supplies provided by our company for any other use. Placing orders for and receiving supplies is an acknowledgment of understanding and agreeing to these conditions. **ML reserves the right to reduce the number of supplies ordered per client due to previous usage and or expired supply returns.**

Please allow 3 working days for delivery by courier and 1 week for delivery by mail.

REQUISITION FORMS

____ Client Requisitions 814523
____ Histology Requisitions 811587
____ Nursing Home Requisitions OP
____ Supply Requisitions OP 3
____ Veterinary Requisitions OP 24

COLLECTION TUBES

#Single #Flat

_____ _____ Lt Blue 1.8 mL (Na Citrate) Short Draw BD 363080
_____ _____ Lt Blue 2.7 mL (Na citrate) BD 363083
_____ _____ Lt Green 3 mL (PST Lithium heparin) BD 367960
_____ _____ Dk Green 4 mL (Lithium heparin no gel) BD367884
_____ _____ Dk Green 6 mL (Sodium heparin no gel) BD 367878
_____ _____ Lavender 4 mL (EDTA) BD 367861
_____ _____ Navy 6 mL Zinc (Trace No additive) BD 368380
_____ _____ Navy 6 mL K2 EDTA (lead testing) BD 368381
_____ _____ Pink 6 mL (Blood Bank K3 EDTA) BD 367899
_____ _____ Red 4 mL w/ clot activator (No Gel) BD 367812
_____ _____ Red 10 mL w/ clot activator (No Gel) BD 367820
_____ _____ Gold 4 mL w/ clot activator (SST) BD 367983
_____ _____ Yellow 8.5 mL (HLA) (ACD solution A) BD 364606
_____ _____ Yellow 6.0 mL (HLA) (ACD solution B) BD 364816
_____ _____ Quantiferon TB Gold 4 Tube kit T794
_____ _____ Amber SST **Microtainer** 500 µl BD 365959
_____ _____ Lt Green PST Li Hep **Microtainer** 500 µl BD 365958
_____ _____ Lavender **Microtainer** 500 µL (EDTA) BD 365973

COLLECTION CONTAINERS

_____ Fecal Fat Stool Containers (Test Dependent)
_____ Serum Transport Vials (with caps) 807785
_____ Sterile Screw Capped urine cups (90 mL) 807835
_____ 24 Hour NO PRESERVATIVE Urine Containers 807690
_____
_____
_____
_____
_____

MICROBIOLOGY SUPPLIES

____ APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens OP 33
____ APTIMA Urine Collection Kit for Male and Female Urine Specimens OP 35
____ APTIMA Vaginal Swab Specimen Collection Kit OP 34
____ BBL **single** CultureSwab Collection and Transport System with Liquid Stuart's media OP 31
____ BBL **double** CultureSwab Collection and Transport System with Liquid Stuart's media OP 32
____ BD Universal Viral Transport Media Micro 13
____ Blood Culture Sets Adult (Aerobic, Anaerobic) 442192/442265
____ Blood Culture Sets Pediatric (Aerobic) 442194
____ ChloraPrep Applicator Micro 11
____ Pertussis PCR (Orange StarSwab) Micro 6
____ Pertussis Regan-Lowe Media Micro 2
____ Stool Collection Transport vial (**ORANGE CAP**) 900612
(Use for Enteric Pathogen PCR Panel)
____ Stool Collection Transport vial (**YELLOW CAP**) 900212
(Use for Crypto/Giardia)
____ Stool Collection Transport vial (**GREEN CAP**) 901312
(Use for Ova and Parasites)
____ A.C.T. II Sterile Culture Transport System (Aerobic,Anaerobic)
(Use for sterile body fluids)

MISCELLANEOUS SUPPLIES

____ Fetal Fibronectin Test 00797
____ Formalin Bottles Single (20 mL) Histo 1
____ Formalin Bottles Single (40 mL) Histo 2
____ Formalin Bottles Single (60 mL) Histo 3
____ Formalin Bottles Single (120 mL) Histo 4
____ Formalin Carton 24/Box (20 mL) Histo 5
____ Formalin Carton 24/Box (40 mL) Histo 6
____ Formalin Carton 24/Box (60 mL) Histo 7
____ Formalin Carton 24/Box (120 mL) Histo 8
____ Specimen Bags (6 x 9) 811378
____ Saliva Cortisol Kits T514
____ OTHER (write in quantity and item)
____ _____

CYTOLOGY SUPPLIES

Please call Dane County Cytology at 608-255-5135.

Please make a copy for your records