

Mayo Clinic Health System Franciscan Healthcare
 Department of Pathology and Laboratory Medicine
 Laboratory Services Supply Request Form (Rev. April 2016)

Hospital, Clinic or Physician _____
 Date of Request _____
 Contact Person/PH# _____

<u>Order Amount</u>	<u>Filled Date/Initials</u>	<u>Forms</u>
_____	_____	Cytology Request Form
_____	_____	Lab Request Form
_____	_____	Supply Request Form
_____	_____	Pathology Request Form

Cytology/Pathology Supplies

_____	_____	Cytology ThinPrep® Pap Test Vials and Collection Devices. Please specify what type of collection device: _____
_____	_____	Cytology Sputum Containers (CytoLyt solution)
_____	_____	Cytology Bottles (No Preservative Necessary)
_____	_____	Cytology Slides
_____	_____	Pathology Formalin Bottles

Chem/Urine Supplies

_____	_____	Specimen Biohazard Bags
_____	_____	FSH False Bottom Aliquot Tubes
_____	_____	24 Hr Urine Collection Jugs
_____	_____	25 mL 50% Acetic Acid
_____	_____	Urine Myoglobin Transport Tubes
_____	_____	HemoQuant Stool Collection Kits
_____	_____	Fetal Fibronectin Collection Kits
_____	_____	Mayo Send Out Aliquot Tubes
_____	_____	Starswab II (pertussis)
_____	_____	Quantiferon TB Gold Collection Kits

Microbiology Supplies

Anaerobic Culture Transport

_____	_____	A.C.T. I Port-A-Cul Tubes (Swabs and fluids)
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Chlamydia/Gonorrhoeae Collection Kits (Outreach Accounts)

_____	_____	Unisex Swab
_____	_____	Urine

Blood Culture Vials

_____	_____	Aerobic
_____	_____	Lytic/Anaerobic
_____	_____	Pediatric
_____	_____	Myco/F Lytic (Fungus/AFB)

Parasitology Transport

_____	_____	Formalin only (Giardia/Crypto)
_____	_____	EcoFix (Complete Parasitic Exam)
_____	_____	Stool Culture Transport
_____	_____	Amies with Charcoal (Genital Culture)
_____	_____	General Virus/Mycoplasma/Ureaplasma Culture Transport
_____	_____	MacConkey Plates
_____	_____	SSA Plates
_____	_____	BA (Blood Agar) Plates
_____	_____	Post Vasectomy specimen transport kit (include media, stored separately)
_____	_____	Iodine Tinctures
_____	_____	Other: