

HOSPITAL / REFERENCE LAB SUPPLY FORM



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

LABORATORIES

Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800

734.936.2598 • 800.862.7284 • mlabs.umich.edu

Date Requested:

Client Location Code:

Client Name:

Contact Name:

Phone Number:

Fax this completed form to MLabs at 734.936.0755

For more information on how to complete this form, please call us at 800.862.7284

MLabs provides selected supplies only for the collection and transport of specimens to MLabs. The number of items ordered must reasonably correlate with the number of specimens sent to MLabs and will be monitored and adjusted as needed.

Stock #	BLOOD COLLECTION	Quantity	Order	Stock #	MICROBIOLOGY/VIROLOGY	Quantity	Order
PB 62	Gold SST 3.5 mL	☐ Box 100 ☐ Each	_____	PM 5	Aerobic Culture Swab (ESwab)	☐ Box 50 ☐ Each	_____
PB 16	Gold SST 5 mL	☐ Box 100 ☐ Each	_____	PM 6	Anaerobic Culture Transport Tube	☐ Each	_____
PB 21	Red 4 mL (no additive)	☐ Box 100 ☐ Each	_____	PM 15	CT/GC/TV/MG – Aptima Unisex Swab Kit (Endcx/Urethra/Oral/Rectal) Purple	☐ Box 50 ☐ Each	_____
PB 15	Red 6 mL (no additive)	☐ Box 100 ☐ Each	_____	PM 20	CT/GC/TV/MG – Aptima Multitest (Vag/Rectal) Orange	☐ Box 50 ☐ Each	_____
PB 56	Lavender EDTA 3 mL (use for CBC)	☐ Box 100 ☐ Each	_____	PM 18	CT/GC/TV/MG – Aptima Urine Tube/Pipette Yellow	☐ Box 50 ☐ Each	_____
PB 42	Lavender EDTA 6 mL	☐ Each	_____	PM 35	M4-RT Transport Kits (w/swab)	☐ Each	_____
PB 23	Lavender EDTA 2 mL (Pediatric)	☐ Each	_____	PM 19	Mini-tip flocced Swabs (Nasopharyngeal)	☐ Each	_____
PB 12	Lt. Blue w/sodium citrate 2.7 mL	☐ Box 100 ☐ Each	_____	PM 21	Blood Culture Aerobic Bottle (Blue Top)	☐ Each	_____
PB 53	Green (sodium heparin) 4 mL	☐ Box 100 ☐ Each	_____	PM 23	Blood Culture Anaerobic Bottle (Purple Top)	☐ Each	_____
PB 52	Green (sodium heparin) 6 mL	☐ Box 100 ☐ Each	_____	PM 9	Myco/F Lytic Culture Vials	☐ Each	_____
PB 46	Royal (Navy) Blue, no additive 7 mL	☐ Each	_____				
PB 75	Royal (Navy) Blue, w/EDTA 7 mL	☐ Each	_____	Stock #	MISCELLANEOUS	Quantity	Order
PB 65	Yellow ACD Solution A 8.5 mL	☐ Each	_____	PX 70	Specimen Bags, Refrigerated	☐ Pack of 100	_____
PB 66	Yellow ACD Solution B 8.5 mL	☐ Each	_____	PX 71	Specimen Bags, Room Temperature	☐ Pack of 100	_____
PB 68	Pink (EDTA-Blood Bank) 6 mL	☐ Each	_____	PX 72	Specimen Bags, Frozen	☐ Pack of 100	_____
PB 76	Serotonin Tube (whole blood) 5 mL	☐ Box of 100	_____	PX 69	Specimen Bags, Red STAT	☐ Pack of 10	_____
PB 78	Lt. Green Plasma Separator (lithium heparin) 3 mL	☐ Box 100 ☐ Each	_____	PX 59	Large Ziploc Biohazard Bag (11" x 18")	☐ Each	_____
				PF 20	Specimen Labels (2" x 1 1/4")	☐ Roll of 100	_____
Stock #	FORMS	Quantity	Order	PF 45	MLabs Connect Barcode Labels	☐ Roll	_____
MLO	Hospital Reference Lab Supply Requisition	☐ Each	_____	PX 65	Serum Aliquot Tubes & Caps (cloudy)	☐ Case of 1000	_____
MLO	Hospital Requisition	☐ Each	_____	PX 520	Amber Serum Aliquot Tubes & Caps (PFL)	☐ Each	_____
MLO	Allergen Requisition	☐ Each	_____	PB 45	Metal Free Aliquot Tubes & Caps	☐ Bag of 25	_____
MLO	Anatomic Pathology Consult Requisition	☐ Each	_____				
MLO	Dermatopathology Requisition	☐ Each	_____	Stock #	KITS	Quantity	Order
MLO	Hematopathology Consult Requisition	☐ Each	_____	MLO	Breath Kit	☐ Box of 5	_____
MLO	Histocompatibility (Tissue Typing) Req	☐ Each	_____		Hematopathology Consult (Bone Marrow Study) Kit	☐ Each	_____
MLO	MMGL BRCA Requisition	☐ Each	_____		MLabs Shipping Box	☐ Each	_____
MLO	MMGL Molecular Genetics Requisition	☐ Each	_____		Molecular Diagnostics Kit (blood/bone marrow)	☐ Each	_____
MLO	Molecular Diagnostics Requisition	☐ Each	_____		Molecular Diagnostics Vitreous	☐ Each	_____
MLO	QUAD/AFP Requisition	☐ Each	_____		Shipping Kit		
MLO	Surgical/Cytopathology Requisition	☐ Each	_____		Molecular Genetics/BRCA Kit	☐ Each	_____
					Muscle Kit (Frozen)	☐ Each	_____
Stock #	SURGICAL PATHOLOGY	Quantity	Order		Muscle Kit (Fresh)	☐ Each	_____
PX 210	Formalin 10 mL (20 mL vial)	☐ Box 24 ☐ Each	_____		MyHPVScore Plasma Kit	☐ Each	_____
PX 41	Formalin 60 mL (120 mL vial)	☐ Box 24 ☐ Each	_____		Nerve Kit	☐ Each	_____
PX 64	Formalin 1 Gallon Container	☐ Each	_____		QFTB Kit	☐ Each	_____
ML 24	Glutaraldehyde	☐ Each	_____		Renal Kit	☐ Each	_____
IM 380	Michel's or Zeus Tissue Fixative	☐ Each	_____		Slide/Block Kit	☐ Each	_____
PY 13	16 oz Container w/ Lid	☐ Each	_____		Patient Asset Transport Label:		
PX 28	Baby Powder/Talc for Muscle Bx prep	☐ Each	_____		Consult Materials	☐ Each	_____
					Transfer Case Materials	☐ Each	_____
Stock #	URINE/STOOL COLLECTION	Quantity	Order		Additional Materials	☐ Each	_____
PX 14	Urine Cup	☐ Bag of 75	_____		IHC Tech Only Slides	☐ Each	_____
PB 79	Urine Culture Vacutainer Transport (Gray Top)	☐ Each	_____		Molecular Diagnostics Slides/Blocks	☐ Each	_____
PB 80	Urinalysis Vacutainer Transport (Yellow Top)	☐ Each	_____		Blood/Bone Marrow/Body Fluid	☐ Each	_____
PX 5	24 Hour Urine Jug, Plain	☐ Each	_____		Surgical/Biopsy Specimen	☐ Each	_____
CY 141	UroCyte Collection Kit (UroVysion)*	☐ Each	_____	Stock #	OTHER	Quantity	Order
PX 530	24 Hour Fecal Fat Canister	☐ Each	_____				
PM 4	Ova & Parasite Kit Green	☐ Each	_____				
PM 12	Stool Culture Kit Orange	☐ Each	_____				
Stock #	CYTOLOGY	Quantity	Order				
PK 36	Thin Prep/HPV Kits (vial, brush & spatula included)	☐ Box of 25 Kits	_____				
PX 63	Cytology Brush (Not for ThinPrep Use)	☐ Box of 100	_____				
CY140	CytoLyt Solution 30 mL (Fine Needle Aspirate)	☐ Each	_____				