

HOSPITAL / REFERENCE LAB SUPPLY FORM



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 #	CYTOLOGY	Quantity	Order
PB 62	Gold SST 3.5 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	PK 36	Thin Prep/HPV Kits (vial, brush & spatula included)	<input type="radio"/> Box of 25 Kits	_____
PB 16	Gold SST 5 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	PX 63	Cytology Brush (Not for ThinPrep Use)	<input type="radio"/> Box of 100	_____
PB 21	Red 4 mL (no additive)	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	CY140	CytoLyt Solution 30 mL (Fine Needle Aspirate)	<input type="radio"/> Each	_____
PB 15	Red 6 mL (no additive)	<input type="radio"/> Box 100 <input type="radio"/> Each	_____				
PB 56	Lavender EDTA 3 mL (use for CBC)	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	Stock #	MICROBIOLOGY/VIROLOGY	Quantity	Order
PB 42	Lavender EDTA 6 mL	<input type="radio"/> Each	_____	PM 5	Aerobic Culture Swab (ESwab)	<input type="radio"/> Box 50 <input type="radio"/> Each	_____
PB 23	Lavender EDTA 2 mL (Pediatric)	<input type="radio"/> Each	_____	PM 6	Anaerobic Culture Transport Tube	<input type="radio"/> Each	_____
PB 12	Lt. Blue w/sodium citrate 2.7 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	PM 15	CT/GC/TV/MG – Aptima Unisex Swab Kit Endcx/Urethra/Oral/Rectal	<input type="radio"/> Box 50 <input type="radio"/> Each	_____
PB 36	Tan w/EDTA 3 mL (Lead Testing)	<input type="radio"/> Each	_____	PM 20	CT/GC/TV/MG – Aptima Multitest (Vag/Rectal)	<input type="radio"/> Box 50 <input type="radio"/> Each	_____
PB 53	Green (sodium heparin) 4 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	PM 18	CT/GC/TV/MG – Aptima Urine Tube/Pipette	<input type="radio"/> Box 50 <input type="radio"/> Each	_____
PB 52	Green (sodium heparin) 6 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	PM 35	M4-RT Transport Kits (w/swab)	<input type="radio"/> Each	_____
PB 46	Royal (Navy) Blue, no additive 7 mL	<input type="radio"/> Each	_____	PM 19	Mini-tip flocced Swabs (Nasopharyngeal)	<input type="radio"/> Each	_____
PB 75	Royal (Navy) Blue, w/EDTA 7 mL	<input type="radio"/> Each	_____	PM 21	Blood Culture Aerobic Bottle (Blue Top)	<input type="radio"/> Each	_____
PB 65	Yellow ACD Solution A 8.5 mL	<input type="radio"/> Each	_____	PM 23	Blood Culture Anaerobic Bottle (Purple Top)	<input type="radio"/> Each	_____
PB 66	Yellow ACD Solution B 8.5 mL	<input type="radio"/> Each	_____	PM 7	Isolater/Blood Culture, Pediatric Qnt 1.5 mL	<input type="radio"/> Each	_____
PB 68	Pink (EDTA-Blood Bank) 6 mL	<input type="radio"/> Each	_____	PM 11	Isolater/Blood Culture, Adult Qnt 10 mL	<input type="radio"/> Each	_____
PB 76	Serotonin Tube (whole blood) 5 mL	<input type="radio"/> Each	_____				
77574	Lt. Green Plasma Separator 3 mL	<input type="radio"/> Box 100 <input type="radio"/> Each	_____	Stock #	MISCELLANEOUS	Quantity	Order
Stock #	FORMS	Quantity	Order	PX 70	Specimen Bags, Refrigerated	<input type="radio"/> Pack of 100	_____
MLO	Hospital Reference Lab Supply Requisition	<input type="radio"/> Each	_____	PX 71	Specimen Bags, Room Temperature	<input type="radio"/> Pack of 100	_____
MLO	Hospital Requisition	<input type="radio"/> Each	_____	PX 72	Specimen Bags, Frozen	<input type="radio"/> Pack of 100	_____
MLO	Allergen Requisition	<input type="radio"/> Each	_____	PX 69	Specimen Bags, Red STAT	<input type="radio"/> Pack of 10	_____
MLO	Anatomic Pathology Consult Requisition	<input type="radio"/> Each	_____	PX 59	Large Ziploc Biohazard Bag (11" x 18")	<input type="radio"/> Each	_____
MLO	Dermatopathology Requisition	<input type="radio"/> Each	_____	PF 20	Specimen Labels (2" x 1 1/4")	<input type="radio"/> Roll of 100	_____
MLO	Hematopathology Consult Requisition	<input type="radio"/> Each	_____	PF 45	MLabs Connect Barcode Labels	<input type="radio"/> Roll	_____
MLO	Histocompatibility (Tissue Typing) Req	<input type="radio"/> Each	_____	PX 65	Serum Aliquot Tubes & Caps (cloudy)	<input type="radio"/> Case of 1000	_____
MLO	MMGL BRCA Requisition	<input type="radio"/> Each	_____	PX 520	Amber Serum Aliquot Tubes & Caps (PFL)	<input type="radio"/> Each	_____
MLO	MMGL Molecular Genetics Requisition	<input type="radio"/> Each	_____	PB 45	Metal Free Aliquot Tubes & Caps	<input type="radio"/> Each	_____
MLO	Molecular Diagnostics Requisition	<input type="radio"/> Each	_____		Patient Asset Transport Label:		
MLO	QUAD/AFP Requisition	<input type="radio"/> Each	_____		Consult Materials	<input type="radio"/> Each	_____
MLO	Surgical/Cytopathology Requisition	<input type="radio"/> Each	_____		Transfer Case Materials	<input type="radio"/> Each	_____
Stock #	SURGICAL PATHOLOGY	Quantity	Order		Additional Materials	<input type="radio"/> Each	_____
PX 210	Formalin 10 mL (20 mL vial)	<input type="radio"/> Box 75 <input type="radio"/> Each	_____		IHC Tech Only Slides	<input type="radio"/> Each	_____
PX 41	Formalin 60 mL (120 mL vial)	<input type="radio"/> Box 75 <input type="radio"/> Each	_____		Molecular Diagnostics Slides/Blocks	<input type="radio"/> Each	_____
PX 64	Formalin 1 Gallon Container	<input type="radio"/> Each	_____		Blood/Bone Marrow/Body Fluid	<input type="radio"/> Each	_____
MLO	Glutaraldehyde	<input type="radio"/> Each	_____		Surgical/Biopsy Specimen	<input type="radio"/> Each	_____
IM 380	Michel's or Zeus Tissue Fixative	<input type="radio"/> Each	_____	Stock #	OTHER	Quantity	Order
PY 13	16 oz Container w/ Lid	<input type="radio"/> Each	_____				
PY 14	86 oz Container w/ Lid	<input type="radio"/> Each	_____				
PY 15	172 oz Container w/ Lid	<input type="radio"/> Each	_____				
PX 28	Baby Powder/Talc for Muscle Bx prep	<input type="radio"/> Each	_____				
Stock #	URINE/STOOL COLLECTION	Quantity	Order				
PX 14	Urine Cup	<input type="radio"/> Bag of 75	_____				
PB 79	Urine Culture Vacutainer Transport (Gray Top)	<input type="radio"/> Each	_____				
PB 80	Urinalysis Vacutainer Transport (Yellow Top)	<input type="radio"/> Each	_____				
PX 5	24 Hour Urine Jug, Plain	<input type="radio"/> Each	_____				
CY 141	UroCyte Collection Kit (UroVysion)*	<input type="radio"/> Each	_____				
PX 530	24 Hour Fecal Fat Canister	<input type="radio"/> Each	_____				
PM 4	Ova & Parasite Kit	<input type="radio"/> Each	_____				
PM 12	Stool Culture Kit	<input type="radio"/> Each	_____				