LifeLabs®

# CLIENT ORDER FORM (NO PHLEBOTOMY)

## 1. CLIENT INFORMATION

**Client ID #:** _____ *

**Client Name:** _____ *

**Date:** _____ *

**Address:** _____ *

**Client Office Contact Name:**

_____ *

**Phone #:** _____ *

* Indicates a Mandatory Field

## 2. ORDER

| | Item Description | Units | Qty. Req. | Item # |
|---|---|---|---|---|
| Microbiology | Culture Swab Transport System – Charcoal | Bag/50 | | 24307 |
| | Chlamydia &/or GC BD ProbTec Swabs Female | Each | | 10120458 |
| | Chlamydia &/or GC BD ProbTec Swabs Male | Each | | 10120478 |
| | Fungus Scraping Kit | Each | | 10176058 |
| | Stool Culture & Sensitivity (C&S) Kit | Each | | 10125779 |
| | Stool Parasites - PCR Method (Parasite Swab) | Each | | 10178019 |
| | Pinworm Kit | Each | | 10125978 |
| | Sputum Culture & Sensitivity (C&S) Kit | Each | | 10125979 |
| | Urine Culture & Sensitivity (C&S) Kit | Each | | 10125941 |
| | Sterile 90ml Container with Orange Cap | Bag | | 10953 |
| | Collection, Urine Ped, URC-010 | BOX/10 | | 10154257 |
| | Castile Soap Towelette | Box/100 | | 10251 |
| Cytology | Pap Liquid Based Collection Vial (also for HPV testing) | PK/25 | | 10170898 |
| | Pap Collection Broom (Blue) (Rover) | PK/25 | | 28124 |
| | Pap Collection / Spatula With Brush (Purple) (Surepath) | PK/25 | | 10092169 |
| | HPV & Cytology Requisition | PD/25 | | 10180041 |
| | Fine Needle Aspiration Kit (Cytology) | Each | | 10125959 |
| | Urine Collection Kit (Cytology) | Each | | 10126139 |
| | Sputum Collection Kit (Cytology) | Each | | 10125958 |
| Histology | Small Biopsy 40ml Container (Histology) | Each | | 10158178 |
| | Medium Biopsy 90ml Container (Histology) | Each | | 10158158 |
| | 6x9 Ziploc Histology Bag | PK/100 | | 10158118 |
| | 13x9 Ziploc Histology Bag | PK/100 | | 10158138 |
| | Histopathology Requisitions | | | |
| | Surgical Pathology Requisition (General Use) | PD/25 | | 10180038 |
| | Gastrointestinal Pathology Requisition | PD/25 | | 10180039 |
| | Gynecologic Surgical Pathology Requisition | PD/25 | | 10144940 |
| | Dermatopathology Requisition | PD/25 | | 10180040 |
| Miscellaneous | FOBT (CCC Occult Blood) ColonCancerCheck | PK/20 | | 10154485 |
| | Semen Analysis Kit | Each | | 10125940 |
| | Poly Bag 6 x 9 | PK | | 12640 |
| | LTC On-Site Lab Services | PK/100 | | 10149398 |
| | FOBT (Non CCC Occult Blood) | Each | | 10111159 |
| | Client Order Form | PD | | 10092500 |
| | Flow Cytometry Requisition | PD/25 | | 10106333 |
| | **Other** | | | |
| | | | | |
| | | | | |

## 3. MATERIAL SPECIALIST

**Picked By:** _____ **Date (D/M/Y):** _____