



Client Supply Request Form
(Return by Courier or Fax to 865-273-1119)

Facility Name: _____

Requested By: _____ Request Date: _____

Supplies	Qty	Supplies	Qty
		BIOHAZARD SUPPLIES	
PHLEBOTOMY SUPPLIES		<input type="checkbox"/> Specimen Bags	
<input type="checkbox"/> Monoject Needle, 21G		<input type="checkbox"/> Large powder free Gloves	
<input type="checkbox"/> Monoject Needle, 22G		<input type="checkbox"/> Small Powder Free Gloves	
<input type="checkbox"/> Kendall Needle Holder(s)		<input type="checkbox"/> Medium Powder Free Gloves	
<input type="checkbox"/> Red/Gray Top			
<input type="checkbox"/> Red Top-(no gel or additive)		MICROBIOLOGY & CYTOLOGY	
<input type="checkbox"/> Lavender Top (EDTA)		<input type="checkbox"/> 24 Hour Urine Container	
<input type="checkbox"/> Green/Gray Top (Lithium Heparin)		<input type="checkbox"/> Sterile Collection Cups	
<input type="checkbox"/> Green Top (Sodium Heparin)		<input type="checkbox"/> Towellettes BZK Antiseptic	
<input type="checkbox"/> Yellow Top (ACD)		<input type="checkbox"/> Specimen Collection Hats	
		<input type="checkbox"/> O&P Vials	
<input type="checkbox"/> Blood Culture Sets		<input type="checkbox"/> Swabs (Specify Type...)	
<input type="checkbox"/> Tourniquets		<input type="checkbox"/> Aptima Tubes	
<input type="checkbox"/> Tape/Band-aids-(specify)			
<input type="checkbox"/> Webcol Alcohol Preps		MISCELLANEOUS	
<input type="checkbox"/> Cotton Balls/Gauze		<input type="checkbox"/> Add-On forms	
		<input type="checkbox"/> Client supply Requisitions	
		<input type="checkbox"/> Ascendant Requisitions	
BACKORDER ITEMS (To be completed by Ascendant)		OTHER	

Order Filled By: _____ Date: _____