



# ALPHA LABORATORIES INC.

1262 Don Mills Road, Toronto, Ontario M3B 2W7 Tel: (416) 449-2166

## PHYSICIAN NON-PHLEBOTOMY SUPPLY REQUISITION

Please fax supply requisition form to (416) 449-6458

Allow 4 working days for delivery

Physician's Name: _____	Phone #: _____	Date of Order: _____
Address: _____	Ordered By: _____	

<u>COLLECTION KITS</u>	<u>CODE</u>	<u>Qty.</u>	<u>CYTOLOGY &amp; HISTOLOGY</u>	<u>CODE</u>	<u>Qty.</u>
Culture Swab – Charcoal	13101	_____ 50/Pkg	Formalin Biopsy Bottle	13112	_____ Each
Culture Swab – Clear	13102	_____ 50/Pkg	Cytobrush	29005	_____ Each
Chlamydia Kit	13103	_____ Each	PAP Kit in White Alpha Folder	29031	_____ Each
Stool O&P Kit	13104	_____ Each	PAP Liquid Based Collection Vial with Broom	29035X	_____ Each
Stool Culture Kit	13105	_____ Each	Histology Requisition Form	_____	_____ Pad
Occult Blood (Non-CCC) Kits	13107	_____ Each	Cytology Requisition Form	_____	_____ Pad
Pinworm Kit	13108	_____ Each			
Blood Culture Bottles	13109C	_____ Bottle			
Fungus Kit	_____	_____ Each			
B.P. (Whooping Cough) Kit	_____	_____ Each			
Virus S. W. Kit	_____	_____ Each			
<b>*For Colon Cancer Check Occult Blood kits use dedicated order form</b>			<b><u>MISCELLANEOUS SUPPLIES</u></b>		
*CCC Occult Blood Kit Order Forms	_____	_____ Each	Specimen Ziplock Bags	17001	_____ 100/Pkg
			Physician Non-Phlebotomy Supply Requisition	_____	_____ Pad
<b><u>URINE COLLECTION</u></b>					
Antiseptic Towellettes	10002	_____ 100/Box			
Pediatric Urine Collectors	13001	_____ 10/Box			
90 ml Urine Bottles	13002	_____ 100/Bag			
24 Hour Urine Container	13004	_____ Each			
Bag for Urine Bottles	17002B	_____ 100/Pkg			
Urine Separation Tube without preservative	21009A	_____ Each			
Urine Separation Tube with preservative	21009B	_____ Each			

**Comments:** \_\_\_\_\_

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<b>For Internal Use Only:</b>	Order filled by: _____	Date: _____
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