



ALPHA LABORATORIES INC.

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

PHYSICIAN 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>VACUTAINER TUBES</u>	<u>CODE</u>	<u>Qty.</u>	<u>CYTOLOGY & HISTOLOGY</u>	<u>CODE</u>	<u>Qty.</u>
6 ml Dark Blue Plain	12008	_____ Each	Formalin Biopsy Bottle	13112	_____ Each
6 ml Dark Blue with EDTA	12009	_____ Each	Cytobrush	29005	_____ Each
10 ml Green with Heparin	12010	_____ Each	PAP Kit in White Alpha Folder	29031	_____ Each
10 ml Red Plain	12025	_____ 100/Box	PAP Liquid Based Collection Vial with Broom	29035X	_____ Each
8.5 ml SST	12027	_____ 100/Box	Histology Requisition Form		_____ Pad
4 ml Lavender	12029	_____ 100/Box	Cytology Requisition Form		_____ Pad
4.5 ml Blue	12030	_____ Each			
4 ml Grey	12031	_____ 100/Box			
<u>COLLECTION KITS</u>			<u>MULTI-SAMPLE NEEDLES</u>		
Culture Swab – Charcoal	13101	_____ 50/Pkg	21G x 1 ¼"	11002A	_____ 100/Box
Culture Swab – Clear	13102	_____ 50/Pkg	22G x 1 ¼"	11004A	_____ 100/Box
Chlamydia Kit	13103	_____ Each	<u>BANDAGES / WIPES</u>		
Stool O&P Kit	13104	_____ Each	Alcohol Preparation Pads	10001	_____ 200/Box
Stool Culture Kit	13105	_____ Each	Band Aids	10003	_____ 100/Box
Occult Blood (Non-CCC) Kits	13107	_____ Each	Cotton Balls	10005	_____ 2000/Bag
Pinworm Kit	13108	_____ Each	<u>MISCELLANEOUS SUPPLIES</u>		
Blood Culture Bottles	13109C	_____ Bottle	Needle Holder	11507	_____ Each
Fungus Kit		_____ Each	Sharp's Container – 5L	17011	_____ Each
B.P. (Whooping Cough) Kit		_____ Each	Specimen Ziplock Bags	17001	_____ 100/Pkg
Virus S. W. Kit		_____ Each	Glucodex – 50 g	38001	_____ Each
			Glucodex – 75 g	38002	_____ Each
*For Colon Cancer Check Occult Blood kits use dedicated order form			Tourniquet	45009	_____ Each
*CCC Occult Blood Kit Order Forms		_____ Each	Physician Phlebotomy Supply Requisition		_____ Pad
<u>URINE COLLECTION</u>					
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: _____

For Internal Use Only:	Order filled by: _____	Date: _____
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