



SUPPLY REQUISITION

(Other than Micro or Blood Bank)

Fax 320-231-4861

1-800-922-RICE

Requesting

Facility: _____

(Complete Name)

City _____

Person Ordering: _____ Date: _____

Telephone #: _____

Date Needed: _____

(Emergency order? – Please Call.)

QUANTITY	ITEM	QUANTITY	ITEM
	Breath Alcohol Testing: Forms: DOT NonDOT Mouthpieces: 240D 200		24 Hour Urine Container (specify preservative , if needed)
	Amber (protect from light) transfer tubes		Pre-Filled Formalin Specimen Containers (Histology/Pathology) CIRCLE SIZE: 20 ml 60ml 120ml 180ml other
	Biohazard Specimen Bags (<i>No charge for use with Rice specimens</i>)		Large Buckets- Circle: w/Formalin w/o Formalin
	Plastic Serum Specimen Tubes with caps (<i>No charge for use with Rice specimens</i>)		Pre-Filled Cytology Specimen Containers (Cytology Fixative) 40 ml
	Standard Plastic Transfer pipets		Cytology Slide Containers
	Sterile Urine Container		Sure Path PAP Vials CIRCLE PREFERRED: # w/ Brooms _____ # w/Spatula/Brush _____
	Red Top Tubes (6 mL plastic)		B.Pertussis culturettes: (circle one) MAYO MDH
	EDTA (Lavender Top) Tubes (4 mL plastic)		Other:
	Citrate (Blue Top) Tubes (2.7 mL or 1.8 mL)		Other:
	Na-Heparin (Green Top) Tubes (4 mL)		Other:
	Li-Heparin PST Gel (Light Green Top) Tubes		Other:
	Metal free tube for trace metals (Venous to Mayo): Royal Blue Top Tube CIRCLE PREFERRED: K₂ EDTA - Serum		Other:
	Metal Free tube for Lead Levels (capillary specimens only)		Other:
	ACD (Yellow Top) Tubes (6 mL)		Other:
	QuantiFERON tubes/kit: CIRCLE: CentraCare Rice testing <u>OR</u> Mayo testing		Other:

Order received and filled by: _____

Date shipped: _____