



**Supply Request Form:  
Skilled Nursing Facilities, Assisted Living Facilities, Independent**

**Facility:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Wing/Station:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

<b>REQUISITIONS:</b>			
Blood/Microbiology	_____	each	
Pathology	_____	each	
Cytology	_____	each	
<b>FORMS:</b>			
Advanced Beneficiary Notice (ABN)	_____	pack	
Medicare Secondary Payer Form (MSP)	_____	pack	
<b>CULTURETTE SWABS:</b>			
White Bacterial Flocked	#220245	(50/bx)	_____ each / _____ box
Blue Bacterial (Mini Tip) Flex	#220532	(50/bx)	_____ each / _____ box
Red Viral/Flu Flex	#220531	(50/bx)	_____ each / _____ box
<b>MISCELLANEOUS:</b>			
Biohazard Specimen Bags 6X9	#6090	(100/pk)	_____ pack
Sterile Collection Cups	#5672321	(100/bx)	_____ each / _____ box
ParaPak Stool Collection Kit	#398560	(7/bx)	_____ each / _____ box
Stool Collection Hats	#4014	(100/bx)	_____ each / _____ box
Urine UA/CS Split Kit	#364956	(50/bx)	_____ each / _____ box
Hemocult Cards ICT Singles	#395065	(100/bx)	_____ each / _____ box
<b>PRINTER SUPPLIES:</b>			
Lexmark Toner 24015SA for printer models: (E230, E232, E234, E240, E330, E332, E340, E342)			
	#24032		_____ each
Lexmark Toner E250A11A for printer models: (E250, E350, E352)			
	#25011		_____ each
Lexmark Toner E260A21A for printer models: (E260, E360, E460, E462)			
	#26021		_____ each
Lab Printer Ribbon (Okidata BM188)	#BM188		_____ each

If you have any questions regarding supplies, please call (727) 524-3930 or (888) 277-2730.

Fax order to laboratory supplies at (727) 535-0643 or (866) 300-5010.

**9/29/2015**