

*We've Got Your Back.<sup>SM</sup>*

Account: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Date Orderd \_\_\_\_\_  
 Date Filled \_\_\_\_\_  
 Date Rec \_\_\_\_\_

4081 Sw 47 Street  
 Suite 1-4 Davie, FL 33314  
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 Toll Free (866) 722-5312  
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## Supply Order Form

Order	Ship	TUBES	Order	Ship	SPECIMEN COLLECTION
		10 ml SST Red Top (Gel Separator)			Ova and Parasite Kit
		10ml Plain Red Top (No Gel)			Cultures
		5 ml Lavender Top (EDTA)			Blood Culture Bottles/Tubes
		4.5 ml Light Blue Top (CITRATE)			Probetec Swab (GC and Chlamydia) M/F
		5 ml Gray Top (FLUORIDE)			Stool Cards
		10 ml Green Top (HEPARIN)			
		7 ml Dark Blue Top			<b>URINE</b>
		8.5 ml Yellow Top			Sterile 4oz Urine Cups
					24 hr No Additive
		<b>NEEDLES</b>			24 hr Hydrochloric Acid
		21 Gauge X1 (Multi Sample)			
		22 Gauge X1 (Multi Sample)			<b>MISC SUPPLIES</b>
		23 Gauge X3/4 (Butterflies)			Plastic Bio-Hazard Bags
					Vacutainer Needle Holder (Reg)
		<b>CYTOLOGY/PATHOLOGY</b>			Tourniquets
		Pap Smear Kit (1 Slide)			Alcohol Swabs
		Pap Smear Kit (Thin Prep)			Band Aids
		Cyto Spray Fixative			2 X 2 Gauze
		Cyto Scraper/Brush			
		Formalin Containers			<b>OTHER</b>
		<b>FORMS</b>			
		Laboratory Requisition Forms			
		Supply Requisition Forms			
		Cytology Requisition Forms			
		Result Forms			