



Attn: Kelley Sohn
 Laboratory
 (865) 541-8193
 2018 Clinch Avenue
 Knoxville, Tennessee 37916
FAX Form to (865) 541-8228

Lab Supply Request Form

Practice name: _____ Date: _____

Practice address: _____

Ordered by: _____ Phone number: _____

ITEM		Qty.
East Tennessee Children's Hospital Outpatient Reference Laboratory Order forms (2-ply with stickers)		
For all other East Tennessee Children's Hospital forms, please print at www.etch.com/forms		
Biohazard Transport bags		<i>*packs of 50</i>
Blood Culture Set	<i>Peds Plus - pink (0-11 yr.)</i>	
BD BACTEC	<i>Plus set - gray/purple (12 yr. and up)</i>	
Cultures:	Regular	<i>*sleeves of 8</i>
	Mini Wire Tip	<i>*sleeves of 8</i>
Sterile urine/sputum/etc. cups		<i>*boxes of 20</i>
Urine Culture Kits		<i>*boxes of 50</i>
Microtainers	Green	<i>*bags of 50</i>
	Purple	<i>*bags of 50</i>
Finger stick		<i>*boxes of 200</i>
Heel stick		<i>*sleeves of 5</i>
Vacutainer Tubes <i>(circle size needed)</i> <i>*individual tubes or packs of 100</i>	Green	3.0 mL 4.0 mL
	Purple	2.0 mL 4.0 mL
	Gold	3.5 mL 5.0 mL
	Red	4.0 mL 6.0 mL
	Light Blue*	1.8 mL 2.7 mL
<i>*Must be received by lab within 1 hour after collection</i>		
Tourniquets		<i>*boxes of 25</i>
Butterflies 23 ½ gauge (wing set)		<i>*boxes of 50</i>
Vacutainer Holders		<i>*boxes of 50</i>
Heel Warmers		<i>*individuals or boxes of 25</i>
SAF Fixative (O&P container)		<i>*individual containers</i>
Pinworm Prep kit		<i>*individual containers</i>
Respiratory Pathogen PCR kit/Chlamydia Viral container (UTM)		<i>*individual kits</i>
Stool Containers		<i>*individual containers</i>
Other:		

****Please submit Lab Supply Request form by Friday in order to receive supplies by the following Friday.**