ALBANY MED Health System

SARATOGA HOSPITAL

Emergency Department/PAT Laboratory Supply Request Form

Please tube supply request to the lab.

Date:
Initials:
Call back # for when supplies are ready:

Item Name	Unit	Requested Amount	Filled Date	Filled by Initials
Tubes				
Vacutainer Tubes, 3.5 mL Blue Top (coag)	Pack			
Vacutainer Tubes, 6.0 mL Red Black Top	Pack			
Vacutainer Tubes, 5.0 mL Red Yel Top (SST)	Pack			
Vacutainer Tubes, 5.0 mL Green Yel Top (Lith Hep)	Pack			
Vacutainer Tubes, 3.0 mL Lav Top	Pack			
Vacutainer Tubes, 6.0 mL Lav Top	Pack			
Vacutainer Tubes, 4.0 mL Grey Top	Each			
Blood Culture Hubs	Each			
Blood Culture, Aerobic	Each			
Blood Culture, Anaerobic	Each			
Blood Culture, Pediatric	Each			
Swabs				
Aptima, Urine	Each			
Aptima, Swab	Each			
E-Swab (for aerobic and/or anaerobic)	Each			
E-Swab with Mini-Tip Swab	Each			
Rapid Strep: Sleeves & Rayon Tip Applicators	Each			
Viral Transport Media for Flu/RSV (2mL Removed)	Each			
Viral Transport Media NOT Flu	Each			
Stool				
Ova & Parasite Containers	Each			
Stool Culture, WBC (Cary-Blair Media)	Each			
Other				
Specimen Bags	Each			

Return form with supplies.