



**Garcia Laboratory
Jackson**

ORDER FORM

Fax Form To: 517-787-1249

ORDER DATE: _____

Client Service PH.: 800-888-8598

Facility Name: _____
 Facility Address _____
 City, State, Zip _____

Facility ID _____ Phone _____
 ATTENTION _____

Special If you have moved your physical location, please indicate new address here & contact customer service.

Instructions

SUPPLIES ARE GENERALLY SHIPPED VIA EITHER UPS OR FEDERAL EXPRESS. PLEASE ALLOW 5 WORKING DAYS FOR DELIVERY. PLEASE INDICATE THE QUANTITY OF EACH ITEM (NOT PACKAGES OR BOXES) WHEN PLACING YOUR ORDER.

Qty. ea	Description
BLOOD COLLECTION TUBE	
	Green Top Sodium Heparin 10ml
	Light Blue Top Sodium Citrate 4.5ml
	Microtainer EDTA 2ml
	PPT (Plasma Preparation Tube) 5ml
	Red Top Plain 10ml
	Blood Culture Set
	Red/Gray Top SST 10ml
	Royal Blue Top EDTA 7ml
	Royal Blue Top No Additive 7ml
	Yellow Top ACD "A" Solution 8.5ml
	Lavender Top Tube - 5ml
	Gray Top, 5ml
URINE COLLECTION CONTAINERS	
	24 Hr. Rigid - plastic
	60ml Sterile
	5ml Urine Transport, Gray Top
OTHER SPECIMEN COLLECTION	
	Culturette, Anaerobic
	Culturette Aerobic
	Gen-Probe® Collection, Female
	Gen-Probe® Collection, Male
	PAP Kits
	Glucola
	Stool for Occult Blood Cards
	Lactose Powder
NEEDLES	
	Needle 20Gx1
	Needle 21Gx1
	Needle 21Gx 1-1/2
	Needle 22Gx1
	23G X 3/4 Butterfly

Qty. ea	Description
TRANSPORT MEDIA	
	M4 Multi-Microbe Transport Medium Kit
	Ova & Parasite Transport (Formalin Vials)
	Trasyol Kit
	C & S Transport
	Trichosel Broth
PACKAGING/MAILING SUPPLIES	
	Specimen Bag Small
	Specimen Bag Large
	Specimen Transport Kit (box, foam) Small, 12 tubes
	Specimen Transport Kit (box, foam) Large, 40 tubes
	Transport Tube, Plastic
FORMS AND REQUISITIONS	
	Client Supply Order Form
	Report Forms, Continuous 1-part
	Report Forms, Laser
	Requisition Forms, Standard
	Requisition Forms, Parole
	Specimen Log Book
	Cyto/Path
OTHER SUPPLIES	
	Boric Acid Tablets
	Single Use Needle Holder (Portex)
	Amber Tube 10ml - plastic
	Tourniquets
	Alcohol Prep Pads

Garcia Use Only

Order Taken By _____ Ext. _____ Date _____

Order Filled By _____ Ext. _____ Date _____