



**Meritus Medical  
Laboratory**

|  |                        |                            |
|--|------------------------|----------------------------|
| <b>SUPPLY REQUEST FORM</b>                               |                        | <b>FAX: 301-665-4942</b>   |
| <b>Material Management Coordinator:<br/>Candy Mattax</b> |                        | <b>PHONE: 301-665-4929</b> |
| <b>Requesting Office:</b>                                | <b>Office Phone #:</b> |                            |
| <b>Office Contact Name:</b>                              | <b>Date:</b>           |                            |

| Quantity Requested | ITEM DESCRIPTION   | Previous Month Volume | Quantity Approved |
|--------------------|--|-----------------------|-------------------|
|                    | Cultures   |                       |                   |
|                    | STERILE Urine Culture Cups                                   |                       |                   |
|                    | ROUTINE Urinalysis Cups w/lids                               |                       |                   |
|                    | Cleansing Towlettes for Urine Collection                     |                       |                   |
|                    | Respiratory Virus Collection Kits ( ) Ped ( ) Adult          |                       |                   |
|                    | CTGC – BD ProbeTec ( ) Male ( ) Female                       |                       |                   |
|                    | Biopsy Bottles with formalin ( ) Small ( ) Large             |                       |                   |
|                    | Blood Culture Bottle   |                       |                   |
|                    | HPV Direct Digene Transport Medium Collection Kit            |                       |                   |
|                    | Viral Culture Transport Media (HERPES)                       |                       |                   |
|                    | Bacterial Vaginosis Collection Kit – BD Affirm               |                       |                   |
|                    | Plastic Specimen Transport Bags ( ) Small ( ) Large ( ) Stat |                       |                   |
|                    | Thin Prep Media Vials  |                       |                   |
|                    | Thin Prep Collection Device ( ) Brushes ( ) Spatulas         |                       |                   |
|                    | Thin Prep Collection Device Broom only                       |                       |                   |
|                    | Thin Prep/Pap Forms – 2 Part                                 |                       |                   |
|                    | ABN Forms (2 Part Advance Beneficiary Notice)                |                       |                   |
|                    | Non-Gyn Cytology Request Forms                               |                       |                   |
|                    | Surgical Pathology Request Forms                             |                       |                   |
|                    | Autoclave Kits   |                       |                   |
|                    | LabSlip – Generic ( ) 1 Part padded ( ) 2 Part               |                       |                   |
|                    | LabSlip – Preprinted w/practice/provider names               |                       |                   |
|                    | Specimen Labels @ 30/sheet                                   |                       |                   |

**Special Request Items:** If the item you are requesting is not listed above and it is necessary for collection of a specimen you are submitting to HML, please list here.

**HML Comments:**