



# SCANTIBODIES Clinical Laboratory

9236 Abraham Way Santee, CA 92071 Phone: (619) 258-1706 1-866-249-1212 Fax: (619) 596-7674

## SUPPLY ORDER FORM

<b>Client Name:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____ _____	
<b>City:</b> _____	<b>State:</b> _____
<b>Zip Code:</b> _____	
<b>Telephone Number:</b> _____	<b>Fax Number:</b> _____
<b>Contact:</b> _____	<b>Email Address:</b> _____

**Please fax your order to (619) 596-7674**

Scheduled Draw Date: \_\_\_\_\_

Approximate Number of Specimens: \_\_\_\_\_

### Phlebotomy Supplies:

*Allow 2 weeks for delivery*

Please specify amount needed

- \_\_\_\_\_ Lavender Top Tubes (EDTA)
- \_\_\_\_\_ Transfer Pipets
- \_\_\_\_\_ Plastic Transfer Vial
- \_\_\_\_\_ Requisition Form
- \_\_\_\_\_ Specimen Trays
- \_\_\_\_\_ Preprinted Patient Labels *(Recurring patient only)*

### Mailing Supplies:

*Sent one day before scheduled draw date.*

Check Item(s) needed

- \_\_\_\_\_ Ice Pack *(Refrigerated)*
- \_\_\_\_\_ Dry Ice *(Frozen)*
- \_\_\_\_\_ Shipping Forms

### Miscellaneous:

- \_\_\_\_\_ Directory of Services
- \_\_\_\_\_

Date Supplies Needed: \_\_\_\_\_

**FOR SCL USE ONLY**

<b>Phlebotomy Supplies:</b>	<b>Verification Notification</b>	<b>Mailing Supplies:</b>	<b>Verification Notification</b>
<b>Order Received:</b> _____ <small style="margin-left: 40px;">Date/Time</small>	_____	<b>Order Received:</b> _____ <small style="margin-left: 40px;">Date/Time</small>	_____
<b>Supplies Sent:</b> _____ <small style="margin-left: 40px;">Date/Time</small>	_____	<b>Dry Ice Sent:</b> _____ <small style="margin-left: 40px;">Date/Time</small>	_____
<b>FedEx Tracking #:</b> _____		<b>FedEx Tracking #:</b> _____	