



# Physician & Clinic Supply Order Form

(Supplies are provided for samples being returned to us for testing.)

Physician/Clinic Stamp

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Supplies:	Quantity:	Quantity Sent:
Laboratory Requisitions	(pads of 50)	
Patient Instructions and Laboratory Locations	(pads of 50)	
Chlamydia / GC Urine Kits		
Chlamydia / GC Swabs		
C&S Swabs (COPAN)		
HSV Swabs		
Mycology Kits		
Pertussis Swabs		
Pin Worm Kits		
Sterile Urine Containers (Pink Top)		
Sterile Urine Containers with Preservative (White Top) (For urine micro or urine culture only)		
Stool for C&S Containers (We prefer that your patient bring a requisition to one of our laboratory locations to obtain these.)		
Stool for O&P Containers (We prefer that your patient bring a requisition to one of our laboratory locations to obtain these.)		
Other:		

Please allow 2-5 business days to process your request. Thank you.

**PLEASE FAX ORDER FORM TO:**

**Kelowna & Vernon: 250-763-4845**

**Penticton: 250-493-2714**

**Osoyoos: 250-495-2585**

Order Filled By: \_\_\_\_\_

Date: \_\_\_\_\_