



Naturopath Supply Order Form

Physician/Clinic Stamp

Date: _____

Requested By: _____

- Supplies are only provided for samples that will be returned to us for testing.
- If you are not already registered with us for courier service, please indicate which of our laboratory locations you would like us to deliver the supplies to for you to pick up:

Lab for supply delivery: _____

(Receiving VML location: Please notify requesting physician's office when supplies are available for pick up.)

(Naturopath Supply Order Form 2018 01)

Supplies:	Quantity:	Quantity Sent:
Naturopathic Doctor Requisitions	(pads of 50)	
APTIMA UNISEX collection kits (white label)		
APTIMA MULTITEST collection kits (orange label)		
APTIMA Urine collection kits (yellow label)		
C&S Swabs (COPAN)		
Mycology Kits (for dermatophytes)		
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 <small>(We prefer that your patient bring a requisition to one of our laboratory locations to obtain these.)</small>		
Stool for O&P Containers <small>(We prefer that your patient bring a requisition to one of our laboratory locations to obtain these.)</small>		
Starplex Steriswab Anaerobic System <small>(Limited to one kit per physician. Replace if used or stale dated.)</small>		
Other:		

PLEASE FAX ORDER FORM TO:

Kelowna & Vernon: 250-763-4845

Penticton: 250-493-2714

Osoyoos: 250-495-2585

Order Filled By: _____

Date: _____

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