



Physician & Clinic 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.)
- (Supply Order Form 2017 11)

Supplies:	Quantity:	Quantity Sent:
Laboratory 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)		
HSV Swabs		
Mycology Kits (for dermatophytes)		
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 <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.