

Document No.-Version: **OPS5002 – 01** 

Appendix 5

Form no.: AF-OPS001



## **INNOVATIVE DIAGNOSTICS (HK) PRIVATE LIMITED**

Rm 1101, 11/F , Tower 1 , New World Tower , 16-18 Queen's Road Central , Central , Hong Kong Tel : 39710012 Fax : 39710130

## Laboratory Supplies Requisition Form

Requesting Clinic:		Issued by:	
S/N	Items	Quantity	Quantity
		Requested	Issued
	VACUTAINER		
1	5ml Plain Vacutainer with Gel		
2	6ml Plain Vacutainer without Gel		
3	9ml Plain Vacutainer without Gel		
4	3ml EDTA Tube		
5	2ml Fluoride Vacutainer		
6	2ml Na Citrate	bottle	bottle
	Vacutainer(PT/PTT)		
7	4ml Lithium Heparin Vacutainer	bottle	bottle
8	22Gx1.5 Vacutainer Needle		
9	Infusion set 23Gx3/4"	Pcs	Pcs
10	Single use Holder PP	Pcs	Pcs
	MISCELLAANEOUS		
11	Urine Container	bottle	bottle
12	Stool Container	bottle	bottle
13	Swab	Pcs	Pcs
14	Specimens Bag		
	FORM		
15	Request Form		
	OTHERS(please specify)		

IDHK Packing Date: \_\_\_\_\_ Delivered by: \_\_\_\_\_

## To be filled by requesting clinic

Receive Date: \_\_\_\_\_ Clinic Stamp: \_\_\_\_\_

Received By: \_\_\_\_\_

Signature: \_\_\_\_\_