

Laboratory Supplies Requisition Form

Requesting Clinic: _____ Issued by: _____

S/N	Items	Quantity Requested	Quantity 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 Vacutainer(PT/PTT)	bottle	bottle
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: _____