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| **LIVERPOOL CLINICAL LABORATORIES - PATHOLOGY SUPPLIES REQUISITION** |
| **Requested by** |  | **Date** |  |
| **Surgery Name/Location** |  |   |   |
| **Delivery Address** |  |   |   |
| **NB**-orders will be checked and adjusted accordingly to avoid stockpiling and wastage |
|  |  |  |  |
| **BLOOD BOTTLES** | **COLOUR** | **REQUIRE** | **ISSUED** |
| Serum Gel (50 per box) | Gold |   |   |
| Glucose/HbA1C "  | Grey |   |   |
| FBC/ESR " | Lavender |   |   |
| Coagulation '' | Blue |   |   |
| **NEEDLES**  | **COLOUR** |   |   |
| 21 G x 1.5" (100 per box) | Green |   |   |
| 22 G x 1.5" (100 per box)  | Black |   |   |
| Quickshield Safety Tube Holder (50 per bag, One required per needle)  |  |  |  |
| Safety Blood Collection set with holder (23g) blue (24 per box) |  |  |  |
| Holdex Holder (100 per box) |  |  |  |
| **OTHER SUPPLIES** |   |   |   |
| V-Monovette Urine Tube 10ml (Urine) (50 per box) |   |   |
| Disposable Urine Cup 100ml (200 per box) - For use with above Tube |   |   |
| Faeces Pots with Spoon (30 Pots Max) |   |   |   |
| Sputum (30 Pots Max) |   |   |   |
| Swabs (HVS,wound,throat etc -125 max) |   |   |   |
| Histology Pots (60 ml Formalin - 25 per box) |   |   |   |
| **Chlamydia/Gonorrhoea (20 Maximum)**  |   |   |   |
| Aptima urine transport tube (yellow) |   |   |   |
| Aptima vaginal transport media/swab (orange) |   |   |   |
| **Trichomonas Media & Dry Swab (20 Maximum)** |   |   |
| Media must be kept fridged before use, but NOT after sample has been  |
| taken - **sample must reach lab on same day**. |
| **Cytology Pots (Smears)**  |   |   |   |
| Please phone 0151 706 4583 to place order |   |   |   |
| **ICE REQUESTING SUPPLIES** |   |   |   |
| ICE BAGS (100 per pack) |   |   |   |
| ICE Report Paper (500 per ream) |   |   |   |
| **LABORATORY REQUEST FORMS** (100 per pack) |   |   |   |
| **MISCELLANEOUS ITEMS** (eg. Adapters, Viral swabs) |   |   |
|   |   |   |
|   |   |   |   |
| **Please email fully completed orders (including delivery details) to *rlbuht*.*pathsupplies@nhs.net*** |
| **FOR LABORATORY USE** |  |  |  |
| **Date order sent out** |   |  |  |
| **Processed by** |   |  |  |