

Midland Memorial Hospital, Midland, TX 79701
Laboratory Supply Request Form (Clients)

Fax form to 432-221-1562 or email to laboutreach@midlandhealth.org before midnight to have supplies delivered next day

Client Name (required): _____

Requested by: _____ Date: _____ Time: _____

Filled by: _____ Date: _____ Time: _____

_____ 3.0 mL Lavender top tubes-1 pack

_____ 3.0 mL Blue top tubes- 1 pack

_____ 5.0 mL Tiger top tubes- 1 pack

_____ 4.0 mL Green top tube- 1 pack

_____ 2.0 mL Gray top tubes-10 each

_____ 10 mL Red top tubes (plain) - 1 pack

_____ 6mL K3 Pink Tubes (blood bank) - 1 pack

_____ Aerobic blood culture bottles (blue top) - 6 bottles

_____ Anaerobic blood culture bottles (purple top) - 6 bottles

_____ Pediatric blood culture bottles (silver top)- 2 bottles

_____ GC/Chlamydia Collection Vaginal/Endocervical Collection Kit - 3 kits

_____ Urine Cups

_____ Urine Yellow Vacutainer Tubes (for Urinalysis)

_____ Urine Gray Vacutainer Tubes (for Culture)

_____ e-Swabs (aerobic/anaerobic cultures)

_____ Other: _____