



# Horizon Laboratory Client Supply Order Form



Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**Fax to Horizon Laboratory Business Office at 970-810-6426. Allow 7 business days to complete.**

Supply Item	UOM	Quantity
<b>BLOOD COLLECTION TUBES</b>		
2.7mL Sodium Citrate Lt Blue	100/Flat	
5.0mL SST Gold	100/Flat	
9.0 mL SST Red	50/Flat	
6.0mL Serum Red (non-gel)	100/Flat	
4.3mL Gel and Lithium Heparin Lt Green	100/Flat	
4.0mL EDTA Lavender	100/Flat	
10mL EDTA Lavender	100/Flat	
Blood Culture (aerobic and anaerobic bottle)	Each	
<b>BLOOD COLLECTION SUPPLIES</b>		
1 ¼" 21-gauge straight needle	48/box	
Vacutainer needle adapters	250/bag	
Vacutainer Blood Transfer Device w/ Luer adapter	50/Bag	
Tourniquets	50/bundle	
<b>TRANSPORT SUPPLIES</b>		
Specimen Biohazard Bags 6"x 9"	50/bundle	
Large Biohazard Bags 12"x 15"	20/bundle	
<b>URINE SUPPLIES**</b>		
Urine Specimen Container Cups w/ transfer device	Each	
Urine 10 mL Transport Tube	Each	
Urine Collection Hats	Each	
Urine Culture Kits (straw and gray tube)	Each	
Aptima Urine Kit (Male and Female)	Each	
24 Hour Urine Collection Containers	Each	
<b>STOOL SUPPLIES**</b>		
Pink and Gray Para-Pak	Each	
C&S Para-Pak	Each	
<b>SWAB SUPPLIES**</b>		
eSwab	Each	
BD NP Swab w/ 3mL UTM	Each	
COPAN Red Swab	Each	
BD Affirm Collection Device	Each	
Aptima Gen-Probe Unisex Swab	Each	
<b>Requisitions</b>		
Outpatient Requisitions	Each	
<b>Other/Additional Requests</b>		
Plain Specimen Cup (sputum/stool)	Each	
Courier Barcode Labels	Email banner@lablogistics.com	

\*\*For more information, please use the online test catalog [www.horizonlaboratory.com/medicalprofessionals](http://www.horizonlaboratory.com/medicalprofessionals)  
For supply questions please contact Horizon Laboratory representative at 970-820-6932, or 970-810-6400

LAB USE ONLY	
Filled By: _____	Date Filled: _____