



**Florida
Family
Laboratory, Inc**

**3830 Shipping Avenue
Miami, FL 33146
Phone: 305-441-8858
Fax: 305-442-2569**

SUPPLIES REQUEST FORM

ACCOUNT NAME:
ACCOUNT NUMBER:

DATE:

QTY. ORDER	QTY. SHIPPED	SUPPLY DESCP.	QTY. ORDER	QTY. SHIPPED	SUPPLY DESCP.
TUBES			MISCELLANEOUS		
_____	_____	RED W/GEL	_____	_____	TOURNIQUET
_____	_____	RED PALIN	_____	_____	PLASTIC BAGS
_____	_____	LAVENDER	_____	_____	STOOL CUPS
_____	_____	GRAY	_____	_____	VACUT HOLDER
_____	_____	L. BLUE	_____	_____	SUPPLY FORM
_____	_____	PPT (PEARL)	_____	_____	REQUISITIONS
_____	_____	PINK			
NEEDLES			CYTOLOGY AND PATHOLOGY		
_____	_____	21X1	_____	_____	BIOPSY BTL (SM)
_____	_____	22X1	_____	_____	BIOPSY BTL (MD)
			_____	_____	PAP SMEAR KIT
			_____	_____	CULTURETTES
URINE CONTAINERS					
_____	_____	U/A TUBES W/LID			
_____	_____	STERILE FOR C&S			
_____	_____	24 HR. (SPECIFY)			
_____	_____	CUP U/A COLLECTOR			

SUPPLIES ARE GUARANTEED TO BE PROVIDED PER WRITTEN REQUEST ONLY.



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