



PRACTICE INFORMATION

Practice Name: _____ Account#: _____

Contact Name: _____ DATE: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

STEP 1

FILL IN THE PHYSICIAN PRACTICE INFORMATION

STEP 2

ENTER THE QUANTITY NEXT TO THE ITEM(S) YOU WISH TO ORDER

STEP 3

FAX YOUR ORDER TO:
1-215-322-9524

**PLEASE ALLOW 3-5 DAYS
 FOR DELIVERY**

QTY	UNITS	DESCRIPTION	SENT BY
BLOOD COLLECTION TUBES			
	PK/100	SERUM SEPARATOR TUBE	
	PK/100	RED TOP TUBE	
	PK/100	BLUE TOP TUBE - SODIUM CITRATE	
	PK/100	LAVENDER TOP TUBE - EDTA	
	PK/100	GRAY TOP TUBE - SODIUM FLUORIDE/POTASSIUM OXALATE	
	PK/100	GREEN TOP TUBES (BLOOD OR URINE)	
	PK/100	ROYAL BLUE TOP TUBES	
	PK/100	GRAY TOP TUBE (C&S)	
	PK/100	YELLOW TOP TUBE (BLOOD OR URINE)	
NEEDLES			
	BOX/50	BUTTERFLY NEEDLES 21G	
	BOX/50	BUTTERFLY NEEDLES 23G	
	BOX/50	BUTTERFLY NEEDLES 25G	
	BOX/100	VACUTAINER NEEDLE 21 GA 1/4	
	BOX/100	VACUTAINER NEEDLE 22 GA 1/4	
	BOX/250	NEEDLE HOLDERS (REGULAR BARREL)	
URINE COLLECTION			
	PK/100	URINALYSIS VIAL WITH PERSERVATIVES (10ML)	
	EACH	STERILE URINE CUP (4OZ)	
	EACH	STERILE URINE CUP (TEMPERATURE STRIP)	
	EACH	24 HR. URINE CONTAINER	
	PK/25	POC CUPS** (CIRCLE ONE): [6 PANEL] [12 PANEL] [13 PANEL]	
**PLEASE CONTACT SMA LAB CUSTOMER SERVICE WITH CREDIT CARD INFORMATION BEFORE ORDERING			
	PK/25	ORAL-EZE SWABS (TOXICOLOGY)	
	PK/25	FLOQ SWABS (PGX)	
	EACH	SIMPLOFY SALIVA KIT (MOLECULAR GENETICS)	
	EACH	FECAL SWABS (GPP)	
	EACH	UNIVERSAL VIRAL TRANSPORT SWAB (RPP) / SARS-COV-2, PCR	
	EACH	URGENT LABELS (UTI)	
REQUISITIONS			
	EACH	GENERAL TESTING REQUISITION	
	EACH	CYTOLOGY/HISTOLOGY REQUISITION	
	EACH	TOXICOLOGY REQUISITION	
	EACH	RPP/GPP/UTI/SARS-COV-2, PCR REQUISITION	
	EACH	MOLECULAR REQUISITION	
	EACH	PGX REQUISITION	
	EACH	COGNITIVE REQUISITION	
MISCELLANEOUS			
	100/PK	TOURNIQUETS	
	EACH	SAFEGUARD SPECIMEN BAGS (CIRCLE ONE): [SMALL] [LARGE]	
	EACH	ICE PACKS	
	EACH	COOLERS	
	EACH	UPS / FEDEX LABELS (RETURN LABELS)	
	EACH	UPS / FEDEX BAGS FOR URINE TRANSPORT	
	EACH	UPS / FEDEX PADDED PAKS	

COMMENTS

THE SUPPLIES PROVIDED BY OUR COMPANY ARE SOLELY TO BE USED FOR THE COLLECTION AND PREPARATION OF SPECIMENS THAT ARE BEING SENT TO SMA SPECIALTY MEDICAL LAB FOR TESTING. THESE SUPPLIES ARE NOT INTENDED FOR ANY OTHER USES, AND SUCH A LIMITATION IS NECESSARY TO COMPLY WITH APPLICABLE LAWS. YOUR ACCEPTANCE OF THESE SUPPLIES IS AN ACKNOWLEDGEMENT OF YOUR AGREEING TO THE ABOVE CONDITION.

SHIPPING SIGNATURE: _____

DATE PACKED: ____ / ____ / ____