



BLOOD LAB SUPPLY REQUEST

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Practice Name	Territory Manager	Today's Date	
Practice Address	City	State	Zip
Projected Samples Per Month	Supply Order Contact Name/Email		

SUPPLIES:

PACKAGING:

QTY REQUESTED:

Needle-Pro Venipuncture Needle Protection Device	50 each	
Sponge Gauze 2x2", 8ply	200 each	
Tourniquet 1x18" Latex free Blue	250 each	
Safety Butterfly Blood Collection Set with 23G	each	
Blood Collection Needles, 22Gx1.4"	100 each	
Blood Collection Needles, 21Gx1"	100 each	
Lavender, 4ml, 13x75	50/tray	
SST Tubes 8mL, 16x100	100/tray	
Webcol Sterile Medium Alcohol Prep	box	
Micropore Medical Tape in Dispenser Packs, 1"x10yd	1 each	
Pour-off Tubes	1 each	
Caps for Pour-off Tubes	1 each	
Sharps Container	1 each	
Biohazard Bags	50/pack	
UPS Bags (will drop ship directly from UPS)		
UPS Boxes (will drop ship directly from UPS)		
UPS Shipping Labels		
Biohazard Stickers		

PLEASE NOTE: Supplies are mailed **2-Day** or **Ground**.

SEND SUPPLIES TO:

Clinic Territory Manager Pick up at Lab Other _____

INTERNAL USE ONLY

Date Filled	Filed By	Weight	Estimated Arrival Date	Shipping Cost	Carrier
				\$	