



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
BLOOD COLLECTION TUBES		
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	
BLOOD COLLECTION SUPPLIES		
1 1/4" 21-gauge straight needle	48/box	
Vacutainer needle adapters	250/bag	
Vacutainer Blood Transfer Device w/ Luer adapter	50/Bag	
Tourniquets	50/bundle	
TRANSPORT SUPPLIES		
Specimen Biohazard Bags 6"x9"	50/package	
URINE SUPPLIES**		
Urine Collection Cups	Each	
Urine Collection Hats	Each	
Urine Complete Kits UA+Culture (cup, tubes)	Each	
Urine Culture Kits (straw and gray tube)	Each	
Aptima Urine Kit (Male and Female)	Each	
24 Hour Urine Collection Containers	Each	
STOOL SUPPLIES**		
Pink and Gray Para-Pak	Each	
Orange Cary Blair	Each	
SWAB SUPPLIES**		
eSwab	Each	
BD NP Swab w/ 3mL UTM	Each	
COPAN Red Swab	Each	
BD Affirm Collection Device	Each	
Aptima Gen-Probe Unisex Swab	Each	
Requisitions		
Outpatient Requisitions	Each	
Other		

**For more information please use the NOCO Microbiology Specimen Collection Guide https://jdos.blob.core.windows.net/banner/Microbiology_Specimen_Collection.pdf

The most current specimen requirements can be found at <https://jdos.nicholsinstitute.com/dos/Noco/>

For supply questions please contact Horizon Laboratory at 970-820-6890, opt 3, opt 1

LAB USE ONLY	
Filled By: _____	Date Filled: _____