



3611 14th Ave, Brooklyn, NY 11218
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PHYSICIAN SUPPLY REQUEST FORM

Dr: _____

A/C No: _____

Address: _____

Requested By: _____

Tel: _____

Date ordered: _____

Fax: _____

SUPPLIES:

General Requisition Forms
Quantity: _____

Urine Containers
Quantity: _____

Allergy Requisition Forms
Quantity: _____

Urine Tubes
Quantity: _____

Separator Serum Tube
Quantity: _____

Blue Top Tube
Quantity: _____

Lavender (K2, EDTA) Top Tube
Quantity: _____

Specimen Bags
Quantity: _____

Straight Blood Collection Needles
Size: _____
Quantity: _____

Vacutainers
Quantity: _____

Butterfly Blood Collection Needles
Size: _____
Quantity: _____

Tourniquets
Quantity: _____

Other: _____
Quantity: _____

Other: _____
Quantity: _____

****PLEASE NOTE THAT ITEMS WITH MULTIPLE USES ARE PROHIBITED BY PUBLIC HEALTH LAW (PHL). ****

****PLEASE SUBMIT THIS FORM TO CLIENTS@ALLIANCELAB.COM****