

MERITUS MEDICAL LAB NURSING HOME PROGRAM

SUPPLY REQUISITION

PHONE: 301-766-7881

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NAME OF FACILITY **FLOOR/WING** **SIGNATURE** **DATE**

QUANTITY

DESCRIPTION

_____	STERILE CONTAINERS (BLUE CAP)
_____	URINE KITS WITH 3 TUBES (UA/C&S)
_____	CULTURETTES
_____	STOOL CULTURE CONTAINERS (GREEN CAP)
_____	STOOL O&P KITS
_____	SMALL BIOHAZARD BAGS
_____	SPUTUM COLLECTION KITS
_____	HEMOCULT SLIDES
_____	24 HOUR URINE CONTAINER (PLAIN)
_____	24 HOUR URINE CONTAINER (BORIC ACID)
_____	24 HOUR URINE CONTAINER (HCL)
_____	TEST REQUISITION FORMS
_____	SUPPLY REQUISITION FORMS
_____	NP COLLECTION KITS: COVID-FLU (limit 5 per 2wks)

OTHER SUPPLIES: _____
