

# Clinical Testing Supply Order Form



3640 N. 1st Avenue, Ste. 130  
Tucson, Arizona 85719

Phone: (877) 690-7385  
Fax: (520) 690-7386  
www.j2labs.com

Date:

**Ordered By** J2 Account #:

Company Name:

Requested by:

Address:

City & State:

ZipCode:

Phone:

**Deliver To**

Same

Company Name:

Attention:

Address:

City & State:

ZipCode:

Phone:

## CLINICAL LAB ORDER FORMS

2 Part Clinical Lab Order Form Quantity

3 Part Clinical Lab Order Form Quantity

Pap Smear Lab Order Forms Quantity

## SPECIMEN TUBES

Serum Separator Tubes (SST) Quantity

Lavender Top Tubes (Lav) Quantity

Plain Red Top Tubes (PR) Quantity

Royal Blue w/Sodium Heparin Quantity

Royal Blue / No Additive Quantity

Grey Top w/Potassium Oxalate Sodium Fluoride Quantity

## ADDITIONAL SUPPLIES

Urine cups (orange top) Quantity

Alcohol Pre Pads Quantity

Tourniquets Quantity

Salivette Quantity

Sharps Container Quantity

Cotton Balls Quantity

Specimen Bags Quantity

Surgical Tape Quantity

Hubs Quantity

21 Gauge Needle (Green) Quantity

23 Gauge Needle (Blue) Quantity

Butterfly 21 Gauge (Green) Quantity

Butterfly 23 Gauge (Blue) Quantity

## OTHER SUPPLIES NEEDED (PLEASE BE SPECIFIC)

**To submit this request for supplies, please print and fax to:  
(520) 690-7386**