



Health Care Supply Order Form

Physician/Clinic Stamp

- Supplies are only provided for samples that will be returned to us for testing.
- If you are not already registered with us for courier service, please indicate which of our laboratory locations you would like us to deliver the supplies to for you to pick up:

Lab for supply delivery: _____

(Receiving VML location: Please notify requesting physician's office when supplies are available for pick up.)

(Supply Order Form 2021 05)

Date: _____

Requested By: _____

Supplies:	Quantity:	Quantity Sent:
Laboratory Requisitions (Pads of 50)		
Naturopathic Requisitions (Pads of 50)		
APTIMA UNISEX collection kits (white label)		
APTIMA MULTITEST collection kits (orange label)		
APTIMA Urine collection kits (yellow label)		
C&S Swabs (Bacterial COPAN Red-top)		
Universal Transport Medium (UTM) Respiratory Viruses COPAN Red-top (Physicians and Care Homes Only)		
Herpes Simplex Virus/Varicella Zoster Virus Swabs UTM COPAN Blue-top (Physicians and Care Homes Only)		
Mycology Kits (For Dermatophytes Only)		
Pertussis Swabs (Physicians and Care Homes Only)		
Pin Worm Kits		
Sterile Urine Containers (Pink Top)		
Urine C&S Preservative (Grey Top Tube) <small>(For urine culture only)</small>		
Stool for C&S Containers (Care Home Only)		
Stool for O&P Containers (Care Home Only)		
Starplex Steriswab Anaerobic System <small>(Limited to one kit per physician. Replace if used or stale dated.)</small>		
Other:		

PLEASE FAX ORDER FORM TO:

Kelowna & Vernon: 250-763-4845
Penticton: 250-493-2714
Osoyoos: 250-495-2585

Order Filled By: _____

Date: _____

Please allow 2-5 business days to process your request.