

Client Supply Order Form

This form is for WDL Outreach and Long-Term Care clients. FMCCP must use separate designated form.



The supplies provided to you by Wisconsin Diagnostic Laboratories are to be used for the collection and preparation of specimens that will be sent to our laboratory for testing. These supplies cannot be used for any other purpose. This limitation is required for compliance with applicable laws.

| | |
|--------------------------|-----------|
| Client Name: | Client #: |
| Address: | |
| Contact Phone #: | |
| Prepared By (Full Name): | Date: |

| ORDER QTY | | PRODUCT DESCRIPTION | ORDER QTY | | PRODUCT DESCRIPTION |
|-----------|------|--|-----------|------|---|
| PACK | EACH | COLLECTION TUBES (PACK=100) (EACH=1) | PACK | EACH | URINE COLLECTION SUPPLIES (PACK=SIZES VARY) (EACH=1) |
| | | Gold Top (SST) 5.0mL | | | Urine Cup, Sterile w/Screw Cap 4.5oz – 100 Per Pack |
| | | Red & Black Marble Top (SST) 8.5mL | | | Pediatric Urine Specimen Collector |
| | | Lavender Top (EDTA) 4.0mL | | | Calculi Risk/Supersaturation Urine Collection Kit |
| | | Grey Top (Sodium Fluoride /Potassium Oxalate) 2.0mL | | | 24hr Urine Container (Plain) |
| | | Light Blue Top (Sodium Citrate) 2.7mL | | | Urine Hat |
| | | Red Top (Plain – No Additive) 6.0mL | PACK | EACH | CYTOLOGY/SURGICAL PATHOLOGY (PACK=25) (EACH=1) |
| | | Yellow Top A (ACD Solution A) 8.5mL | | | Thin Prep White Top Vial (PreservCyt Solution) |
| | | Yellow Top B (ACD Solution B) 6.0mL | | | Lavender Broom (Papette) |
| | | Light Green Top (PST / Lithium Heparin) 3.0mL | | | Plastic Spatula & Cyto Brush (Menscard) |
| | | Green Top (Sodium Heparin) 4.0mL | | | Spray Fixative (50% Ethanol) – 12 Per Pack |
| | | Dark Blue Top (Trace Element, K2EDTA) 6.0mL | | | Biopsy Bottle, Formalin-Half Fill (✓ Bottle Size Below) |
| | | Dark Blue Top (Trace Element, SERUM) 6.0mL | | | 20mL, 32 PP / 4 CS <input type="checkbox"/> 90mL, 24 PP / 4 CS <input type="checkbox"/> |
| | | White Top (Plasma Prep PPT K2EDTA) 5.0mL | | | 40mL, 24 PP / 2 CS <input type="checkbox"/> 120mL, 24 PP / 4 CS <input type="checkbox"/> |
| | | Quantiferon TB (4 Tube Kit) – 50 Kits Per Pack | | | Michel's Transport Medium – 3mL (for approved clients only) |
| | | Metal Free Tubes (ARUP) – 10 Per Pack | | | Renal Biopsy Kits – 1 collection kit per box |
| | | NIPT (Non-invasive Prenatal Testing) ANEU Kit | | | Oral Biopsy Kits – 1 collect kit per bag |
| | | Microtainer – 50 Per Pack (✓ Type Below) | PACK | EACH | MICROBIOLOGY SUPPLIES (PACK=50) (EACH=1) |
| | | Amber(SST) <input type="checkbox"/> Lav.(EDTA) <input type="checkbox"/> Red <input type="checkbox"/> Green(PST) <input type="checkbox"/> | | | ESwab White Top – Regular Tip Flocked Swab |
| | | | | | ESwab Blue Top – Flexible Minitip Flocked Swab |
| | | | | | *Eswabs replace red & blue top BBL dual swabs with Liquid Amies* |
| PACK | EACH | BLOOD COLLECTION SUPPLIES (PACK=SIZES VARY) (EACH=1) | | | Cepheid Xpert Swab |
| | | Eclipse (Safety Needle) 21G 1-1¼" – 48 Per Pack | | | Green Cap Mini-Tip Bacterial Swab (Nasopharyngeal) |
| | | Eclipse (Safety Needle) 22G 1-1¼" – 48 Per Pack | | | Grey Top Urine Culture |
| | | Clear Single Use Needle Holder – 250 Per Pack | | | Viral Transport Medium (large & small swab) – 100 Per Pack (used for COVID, RSV, Influenza, etc.) |
| | | Butterfly (Winged Needle Set) 21G ¾" – 50 Per Pack | | | Cobas PCR Urine Sample Kit (Yellow Box) – 100 Per Pack |
| | | Butterfly (Winged Needle Set) 23G ¾" – 50 Per Pack | | | Cobas PCR Dual Swab Sample Kit (Pink Box) – 100 Per Pack |
| | | Heel Sticks (✓ Type Below) | | | Blood Culture Set (VersaTrek Aerobic & Anaerobic) |
| | | Newborn <input type="checkbox"/> Premie <input type="checkbox"/> | | | BreathTek (Urea Breath Test for H. pylori) |
| | | Tourniquet (Latex Free) – 100 Strips Per Pack | | | Pinworm Paddle |
| ROLL | EACH | LABELS (✓ Type Below) | | | Fecal Occult Blood Collection Tube |
| | | Frozen <input type="checkbox"/> Stat <input type="checkbox"/> Refrigerate <input type="checkbox"/> | | | Fecal Occult Blood Collection Paper – 20 Per Pack |
| | | Room Temp. <input type="checkbox"/> Irreplaceable <input type="checkbox"/> Unspun <input type="checkbox"/> | | | Fecal Occult Blood Mailer Kit – 20 Per Pack |
| | EACH | REQUISITIONS & FORMS (EACH=1) | | | Stool Culture Para-Pak C&S (Orange) – 20 Per Pack |
| | | Client Requisition, General (White & Tan) | | | Stool Ova & Parasites Para-Pak Ecofix (Green) – 20 Per Pack |
| | | Client Requisition, Custom (Specify: _____) | | | Stool C Difficile, H. pylori & Rotavirus (White) – 20 Per Pack |
| | | Client Supply Order Form | | | |
| | | Blood Lead Report Form | PACK | EACH | GLUCOSE BEVERAGE (PACK=6) (EACH=1) (✓ Type Below) |
| | | Dermatopathology Patient Billing Cards | | | 50g Lime <input type="checkbox"/> 75g Orange <input type="checkbox"/> 100g Fruit Punch <input type="checkbox"/> |
| PACK | EACH | PATIENT EDUCATION FORMS (✓ Type Below) | | | Glucose Cups (Graduated) – 50 Per Pack |
| | | Cystic Fibrosis <input type="checkbox"/> O'Sullivan <input type="checkbox"/> Semen <input type="checkbox"/> Urine <input type="checkbox"/> | | | |
| | | Glucose <input type="checkbox"/> 24hr Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> | | | |
| | | Prenatal Risk <input type="checkbox"/> Fasting <input type="checkbox"/> | | | |
| PACK | EACH | ALIQUOT & TRANSPORTATION (PACK=SIZES VARY) (EACH=1) | | | ADDITIONAL REQUESTS |
| | | Specimen Bags (6x9") – 100 Per Pack | | | (Write-In Orders are Subject to Approval) |
| | | Biohazard Tracking Bag-Zipper & Handle (12x12) - 100 Per Pack | | | Gauze, Band-Aids, and sharps containers are not supplied to clients. |
| | | Absorbent Towels for Specimen Transport – 50 Per Pack | | | |
| | | Aliquot Tube & Cap – Purple (Frozen Transport) | | | |
| | | Aliquot Tube & Cap – Opaque Plastic | | | |
| | | Aliquot Tube & Cap – Amber (Protect From Light) | | | |
| | | Transfer Pipette – 500 Per Pack | | | |
| | | Salivary Cortisol Mailing Kit With Pre Paid Postage | | | |
| | | Salivary Cortisol Tube | | | |
| | | Insulated Shipper Boxes (for approved clients only) | | | |

Submit Supply Order form to WDL:

Fax: (414) 805-7660 or (877) 854-5249

8777 W. Connell Ave
Milwaukee, WI 53226

Updated
4/3/2025

FOR INTERNAL USE ONLY

Order Completed By:

Date: