MAYO CLINIC
Mayo Medical Laboratories

Request for Supplies

Date (Month DD, YYYY)	MML Account Number	MML Account Name*

Person completing form*	Contact phone number* (include area code)

* Information is required to complete the request

BAGS

T027	_____	Bundle	Ambient	50/bundle
T121	_____	Bundle	Frozen	50/bundle
T229	_____	Bundle	Refrigerate	50/bundle
T043	_____	Bundle	Biohazard, 12X15 - X-Large	25/bundle
T055	_____	Bundle	Bubble Bags	10/bundle

CATALOGS

T065	_____	Each	Test Catalog
T063	_____	Each	Interpretive Handbook

COLLECTION CONTAINERS/TUBES

T006	_____	Each	ACD Solution B, 2.6 mL	
T007	_____	Package	ACD Solution B, 6 mL	6/pkg
T465	_____	Bag	Aliquot Tube 6 mL	100/bag
T192	_____	Bag	Amber Frosted - 6 mL	100/bag
T583	_____	Each	Aptima® Male/Female Collection Swab	
T582	_____	Each	Aptima® Urine Transport Tube	
T066	_____	Package	Catecholamine	6/pkg
T080	_____	Each	Conical Tubes	
T092	_____	Each	Culturette Swab	
T303	_____	Each	Frozen Tissue Container	
T484	_____	Each	M-5	
T615	_____	Package	Metal Free (Lead Only) EDTA - 3 mL	10/pkg
T183	_____	Package	Metal Free Monoject EDTA - 7 mL	10/pkg
T184	_____	Package	Metal Free Monoject Plain - 7 mL	10/pkg
T173	_____	Bag	Metal Free Specimen Vial	25/bag
T174	_____	Each	Microtainer EDTA	
T175	_____	Each	Microtainer SST	
T176	_____	Box	Microtrak Slides	20/box
T286	_____	Each	Nasopharyngeal Swab w/Charcoal	
T515	_____	Each	Nasopharyngeal Swab, Rayon Tip	
T504	_____	Each	NAT™ Universal Collection Swab (Male/Female)	
T493	_____	Each	Newborn Screening Card (filter paper)	
T012	_____	Package	Pyruvate (perchloric acid)	5/pkg
T259	_____	Each	Serotonin Tube	
T270	_____	Each	Slide Cartridges	
T277	_____	Each	Sodium Heparin 4 mL	
T278	_____	Each	Sodium Heparin 6 mL	
T276	_____	Each	Sodium Heparin 10 mL	
T291	_____	Each	Stool Container 24, 48, 72 hour	
T288	_____	Each	Stool Container, Small (Random)	
T553	_____	Each	Tissue Block Container	
T068	_____	Bag	Urine, 10 mL	50/bag
T313	_____	Bag	Urine, 60 mL	72/bag
T596	_____	Bag	Urine, 60 mL, Amber	10/bag

KITS

T282	_____	Each	Chain of Custody (includes form)
T514	_____	Each	Cortisol, Saliva Collection
T653	_____	Each	Chain of Custody, Meconium (includes form)
T630	_____	Each	Circulating Tumor Cell Collection
T660	_____	Each	Electron Microscopy
T682	_____	Each	Fecal Occult Blood Test
T375	_____	Each	H. pylori Breath Test (Meretek)
T565	_____	Each	Hair and Nails Collection
T134	_____	Each	Hemoquant
T648	_____	Each	mSmart
T541	_____	Each	Muscle Biopsy
T209	_____	Each	Plasma Cell Labeling (Bone Marrow)
T628	_____	Each	QuantiFERON-QTB Gold In-tube
T231	_____	Each	Renal Biopsy (Formalin, Gluta, Zeus)
T178	_____	Each	Semen Analysis
T550	_____	Each	Stone Analysis Collection
T554	_____	Each	Surgical Pathology Packaging
T056	_____	Each	ThinPrep Media with Broom
T434	_____	Each	ThinPrep Media with Spatula and Brush
T509	_____	Each	Urothelial Carcinoma, FISH, Urine Collection

Send completed supply request with your next shipment or fax to (507) 284-9314.

Questions: Call 1-800-533-1710

MEDIA/PRESERVATIVES

T008	_____	Package	Acetic Acid 50%, 25 mL	6/pkg
T473	_____	Each	Boric Acid 10 gram	
T101	_____	Each	Dermatopathology (10% Formalin)	
T219	_____	Each	Ecofix® Stool Transport	
T115	_____	Each	Fibroblast Biopsy Transport	
T466	_____	Each	Formalin 10% Buffered Neutral (stool)	
T130	_____	Each	Gluta (Trumps)	
T132	_____	Each	Hanks Solution	
T272	_____	Each	Sodium Carbonate (5 gram aliquot)	
T321	_____	Each	Zeus Transport Media	

REQUEST FORMS

T236	_____	Each	Allergen
T439	_____	Each	Biochemical Genetics
T238	_____	Each	Cytogenetics/AFP Congenital Disorders
T607	_____	Each	Cytogenetics/Hematologic Disorders
T060	_____	Each	Dermatopathology/Immunodermatology
T239	_____	Each	General
T241	_____	Each	Hematopathology/Molecular Oncology
T244	_____	Each	Microbiology
T245	_____	Each	Molecular Genetics
T246	_____	Each	Pathology/Cytology
New England			
T444	_____	Each	MML New England

OTHER FORMS/PAPER SUPPLIES

T470	_____	Each	Allergen List of all available Allergens
T352	_____	Each	Bone Histomorphometry Information Sheet
T593	_____	Each	First Trimester/Sequential Maternal Screening Patient Information Sheet
T595	_____	Each	Second Trimester Maternal Screening Alpha-Fetoprotein (AFP)/QUAD Screen Patient Information Sheet
T491	_____	Each	Lead/Heavy Metals Reporting Form
T167	_____	Each	Log Book
T621	_____	Each	Physician Request for Allergens
T358	_____	Each	Thalassemia/Hemoglobinopathy Information Sheet

TRANSPORT SUPPLIES

T668	_____	Each	Ambient Mailer - Critical Specimens only	
T517	_____	Each	Bone Marrow Container	
T549	_____	Sheet	C Labels	30/sheet
T327	_____	Each	Frozen Mailer, 5 lb	
T328	_____	Each	Frozen Mailer, 10 lb	
T146	_____	Each	Infectious Container, Large	
T329	_____	Each	Refrigerate Mailer, 5 lb	
T362	_____	Each	Refrigerate Mailer, 10 lb	
T346	_____	Case	Refrig/Frozen 5 lb Mini Express Box	3 sets/case
T347	_____	Case	Refrig/Frozen 10 lb Express Box	3 sets/case
T001	_____	Case	Stool Styro	6 each/case
T428	_____	Each	Swab Container	

OTHER (describe)

Online supply ordering also available.
Visit www.mayomedicallaboratories.com

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