



Submit your completed request to ICL

By Fax at **416-385-1957**

By Email to info@iclabs.ca

Date: _____

Note: This order will NOT be filled unless your hospital name, address, room is provided.

Ship supplies to...	
Hospital Name:	
Hospital Address:	
Room:	
Salivette Tubes	Quantity:
QuantiFeron TB – Gold Tube Set	Quantity:
ThinPrep PAP Bottles	Quantity:
Fecal Collection Containers (includes 2 plastic containers, toilet adapter and collection instructions)	Quantity:
Standard Dry Ice (3 slabs) - Fee applicable	Quantity:
Specimen Transfer Vials with Caps	<input type="checkbox"/> 250 <input type="checkbox"/> 500
Amber Tubes with Caps	<input type="checkbox"/> 10 <input type="checkbox"/> 20
Royal Blue BD Vacutainer (BD 368381) – Fee applicable	<input type="checkbox"/> 10 <input type="checkbox"/> 20
Fecal Immunochemical Test (FIT) Kits (includes requisition, patient instructions, collection device, collection paper, zip bag)	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20

*******Please submit your request prior to running out of supplies*******