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## Submit your completed request to ICL

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

By Email to [info@iclabs.ca](mailto:info@iclabs.ca)

Date: \_\_\_\_\_

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

|                                                                                                                                    |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Ship supplies to...</b><br><b>Hospital Name:</b><br><b>Hospital Address:</b><br><b>Room:</b>                                    |                                                                                                                  |
| Salivette Tubes                                                                                                                    | Quantity:                                                                                                        |
| QuantiFeron TB – Gold Tube Set - <b>maximum of 5 sets</b>                                                                          | Quantity:                                                                                                        |
| ThinPrep PAP Bottles                                                                                                               | Quantity:                                                                                                        |
| Fecal Collection Containers<br>(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<br>(includes requisition, patient instructions, collection device, collection paper, zip bag) | <input type="checkbox"/> 1 <input type="checkbox"/> 5<br><input type="checkbox"/> 10 <input type="checkbox"/> 20 |
| Sarstedt FB CSF Collection tube (63.614.625)                                                                                       | <input type="checkbox"/> 2 <input type="checkbox"/> 5                                                            |

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

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