

## 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>	
<b>Hospital Name:</b>	
<b>Hospital Address:</b>	
<b>Room:</b>	
Salivette Tubes	Quantity:
QuantiFERON TB – Gold Tube Set - <b>maximum of 5 sets</b>	Quantity:
ThinPrep Media and Brushes for Cervical Screening <b>for CFB only</b>	Quantity:
FLOQ Swabs for Cervical Screening <b>for CFB only</b>	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
Sarstedt FB CSF Collection tube (63.614.625)	<input type="checkbox"/> 2 <input type="checkbox"/> 5
USDTL (Drug Collection kits) <input type="radio"/> Meconium <input type="radio"/> Hair <input type="radio"/> Urine <input type="radio"/> Umbilical cord	Quantity:

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