

Specialty Tube Order FAX MESSAGE

Date:

Total Number of Pages
(including cover page)

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To:

Name:	
Company:	DSC Referrals
Telephone Number:	403-770-3285
Fax Number:	403-770-3291

From:

Name:	
Department:	
Telephone Number:	
Fax Number:	

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Room Temperature Tubes	Test	Qty
Royal Blue NaHep		
Greiner bio-one Vacuette royal blue Na Heparin 6 mL (royal blue with no band on label)	Trace Elements (whole blood)	
Royal Blue Plain		
BD royal blue non-additive 6 mL (royal blue with red band on label)	Trace Elements (serum)	
Sodium Polyanethol Sulfonate (SPS) 10 mL (pale yellow)	Mycobacteria (AFB)	
Sardstedt2 blood aliquot	Various tests	
Sardstedt2 30mL urine aliquot	Urine Trace Element Testing	

Refrigerated Tubes	Test	Qty
Trasylol tube (lavender)	Glucagon	

Ship to:

ADDRESS

Date shipped:

FOR
REFERRALS
USE ONLY