

# DWR Diagnostics Laboratory

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## Supplies Request Form

<b>Date of request:</b>		<b>Name of Surgery:</b>	
Please tick to indicate which supplies you require:			
<b>Swabs</b>	<b>Blood Tubes</b>	<b>Pots</b>	<b>Miscellaneous</b>
Charcoal	Serum Gel	Large Histology	Biohazard Bags
Viral Transport Medium	EDTA	Universal – Urine	Slide Carriers
Plain	Citrate	Universal - Faeces	Request Forms
	Oxalate	Boric acid - Urine	
<b>Other (please specify):</b>			

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