

# Requisition Form for Diagnostic Immunology Specimen Mailing Kits FOR A THIRTY DAY SUPPLY

**FROM:** \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_  
Include area code

\_\_\_\_\_ **NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE: SUPPLIES ARE TO BE USED ONLY FOR SPECIMENS SENT TO THE OFFICE OF LABORATORY SERVICES.**

**NOTE: FOR YOUR CONVENIENCE ORDER ALL SUPPLIES NEEDED FOR THIRTY DAYS ON ONE FORM**

Syphilis, Rubella, HIV or Hepatitis Testing supplies	Quantity 30 day supply only		Other collection devices: See Kit Contents Listed Below	QUANTITY	
	Number Ordered	Number Sent		Number of Kits Ordered	Number of Kits Sent
Blood Tubes			HIV(Oral Fluid) 1 kit = 4 collection devices, 1 form, 4 plastic bags, 2 absorbent pads, 1 mailing container		
Needle Hubs ( Order enough per patient not per test)			<b>HIV (Oral Fluid) Kits are limited to 7 kits (28 devices) per order unless pre-authorized.</b>		
			<b>NOTE: Additional Oral Fluid supplies must be pre-authorized- note the name of the OLS individual below.</b> Authorized by: _____		
CT/GC (Urine) Supplies	Number Ordered	Number Sent	Additional Supplies	Number Ordered	Number Sent
Collection Devices			Specimen Submission Forms		<b>1</b>
Urine Cups with Lids					
			Shipping Canisters with 2 absorbent pads (holds 8 tubes) <b>NOTE: Blood and Urine Specimens can be shipped in the same Canisters.</b>		
<b>If you have questions about supplies, call 1-304-558-3530</b> DI Supervisor Extension . . . . . 2410 Container Room Extension . . . . . 2204			Forms are available on the OLS website at <a href="http://www.wvdhhr.org/labservices">www.wvdhhr.org/labservices</a>		

WV DEPARTMENT OF HEALTH & HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH <b>OFFICE OF LABORATORY SERVICES</b> 167 11 <sup>TH</sup> Avenue, South Charleston, WV 25303  Phone: (304) 558-3530                      FAX (304) 558-2006	<b>Order filled and shipped by:</b> _____ <small style="text-align: right;">Initial</small>  <b>Date:</b> _____
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