

Appendix C. Clinical Supplies Requisition Form

Illinois Department of Public Health

Division of Laboratories

GC/Chlamydia

- ☐ Urine collection kit
- ☐ Female collection swab
- ☐ Male collection swab

Syphilis/HIV

- ☐ Blood Collection tubes
- ☐ Oral fluid collection device*
- ☐ Small ice packs for orasure -
Apr-Sept when temperature
is expected to exceed 85⁰ F

Other

- ☐ Bacti urine cups
- ☐ Cary-Blair swabs
- ☐ Cary-Blair vials
- ☐ Herpes kit (Chicago only)
- ☐ Mycobacteriology kit
- ☐ O&P vials
- ☐ Pertussis kit**
- ☐ Throat swabs (Chicago only)
- ☐ Viral transport swab/media

* Contact the HIV/Aids Program at 217-524-5983

** Contact Infectious Diseases/Communicable Diseases Program at
217 785-1455

Mailing Supplies

- ☐ Biohazard bags
- ☐ Packaging instructions
- ☐ Rabies "Rush" Labels
- ☐ Shipping containers
- ☐ Small individual specimen bags
- ☐ STD- Shipping labels

Forms

- ☐ Communicable Diseases Test Requisition
- ☐ Rabies Submission Form
- ☐ Serology requisition-CDPH only
- ☐ STD/HIV Test Request

Blood Lead Collection Supplies (Shipped by Springfield only)

- ☐ Alcohol wipes
- ☐ Capillary collection tubes
- ☐ Lancets
- ☐ Lead - Business reply labels
- ☐ Multivette® Capillary/venous collection tubes
- ☐ 2"x2" Gauze Pads
- ☐ Test Request for Blood Lead Analysis
- ☐ Venous collection tubes

Submitter / Provider code	Date of Request
Facility Name	
Ship to Address	
Attention	
Contact phone #	FAX #

To Order, please contact the laboratory that performs the testing.

CARBONDALE

Telephone 618-457-5131 **OR**
 Fax 618-457-6995 **OR**
 Mail this form to-
 Ill. Department of Public Health
 Division of Laboratories
 1155 S. Oakland Ave., P.O. Box 2797
 Carbondale, IL 62902

CHICAGO

Telephone 312-793-4753 **OR**
 Fax 312-793-1322 **OR**
 Mail this form to-
 Ill. Department of Public Health
 Division of Laboratories
 2121 W. Taylor St.
 Chicago, IL 60612-4285

SPRINGFIELD

Telephone 217-524-6222 **OR**
 Fax 217-558-3476 **OR**
 Mail this form to-
 Ill. Department of Public Health
 Division of Laboratories
 825 N. Rutledge St., P.O. Box 19435
 Springfield, IL 62794-9435

Appendix C. Clinical Supplies Requisition Form
Instructions for Completing
Clinical Supplies Requisition Form

1. Place the desired quantity for each item to be ordered in the blank line preceding each item.
2. Supply your submitter/provider code, facility name, address where supplies are to be shipped and name of person designated to receive the shipment.
3. Send this request by phone, fax or mail.

Ordering Tips

Incomplete or missing information will cause unnecessary delays.

Orders received before 2 p.m. will be shipped the same day; orders received after 2 p.m. will be processed the next business day.

When placing an order, make a copy of the order, note the date and note the person's name who took your order.

If your order is not received within three business days after placing the order, call to have the order traced; if tracing is not possible, the order will be reprocessed.

The submitter/provider code is used to check the shipping address for your order. If this is not the address to which you want the order to be shipped, please provide the appropriate shipping address.