



OREGON STATE PUBLIC HEALTH LABORATORY STOCKROOM ORDER REQUEST

INSTRUCTIONS: Please fill out completely. **Be sure to use your street address. Orders cannot be shipped to a P.O. Box.** For questions only call 503-693-4114. Write legibly and use numerals (1,2,3..) to indicate the number of collection kits or supplies that you are requesting. **Please keep in mind that some supplies have expiration dates when determining the quantities in your order.**

FAX COMPLETED FORM TO 503-693-5600

Facility Name	Telephone #	Date	
Street Address	City	State	Zip Code
Your Submitter Code #		Contact Name:	

All collection kits contain the appropriate request form, specimen transport container, specimen bag, absorbent and media or specimen collection device if necessary.

Collection Kit:	Form #	# of Kits
Chlamydia:		
Unisex (Endocervical/urethral swab)	8351	
Urine	8351	
Vaginal Swab	8351	
Enteric Swab (Cary Blair)	60	
HIV Oral Fluid (CTS Sites Only)	44	
HIV Serology	44	
Immunology (Hepatitis, HIV, Serology)	42	
Ova & Parasites (Formalin)	60	
Ova & Parasites (PVA)	60	
Pertussis (LHD & Study only)	60	
TB		
Sputum, NAAT (Respiratory Specimens only)	60	
Quantiferon	60	
Virus Isolation & Identification:		
Stool	42	
Respiratory & other:		
Nasopharyngeal swab	42	
Regular swab	42	
Water Microbiology Exam:		
Public Drinking Water	50	
Environmental Water	01	

Media Only	Quantity
Enteric Stool (Cary Blair)	
Ova & Parasites (Formalin)	
Ova & Parasites (PVA)	
Pertussis (Regan Lowe)	
Viral Transport	

Courier Supplies	Quantity
Gel Packs	
Sample Bags with pockets & absorbent	
Site Labels	
Transport Manifest (Tablet of 25)	

Miscellaneous	Quantity
6 ml Vacutainer Tubes (Red- 100/box only)	
Blue (Water Only) Mailing Containers	

Air Transport Sites/Metal Containers	Quantity
Additional Requests:	

Forms Only	Form #	Quantity
CDC Test Request	50-34	
Chlamydia (triple sheet/multi color)	8351	
Environmental Water	01	
General Microbiology (Red)	60	
HIV-1 (CTS form-Pink)	44	
Rabies (White)	51	
Stockroom Request	71-54	
Virology/Immunology (Green)	42	

For OSPHL use only:

Date: _____

Filled by: _____

Reviewed by: _____