



Oregon State Public Health Laboratory Stockroom Order – Form 71-54

Instructions: Please fill out completely. Use only your street address as orders cannot be shipped to a PO Box. Write legibly and use numerals (1, 2) indicating number of collection kits or supplies requested. **Keep in mind supply expiration dates when determining quantities to order.** **FAX COMPLETED FORM TO 503-693-5600.** For questions only call 503-693-4114.

Facility Name	Telephone	Date
Street Address	City, State, Zip	
Contact Name	Contact Phone #	

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

Collection Kits	Form #	# of Kits
Chlamydia:		
Unisex (Endocervical/urethral)	42	
Urine	42	
Vaginal Swab	42	
Enteric Outbreak Stool Sample Kit	42	
Enteric Swab (Cary Blair)	60	
HIV Serology (CTS Sites Only)	44	
HIV Serology	42	
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	
ILI Kit	42	
Regular swab	42	
Water Microbiology Exam:		
Public Drinking Water	50	
Environmental Water	01	
Additional requests or Comments		

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)	
Forms Only	
Quantity	
Chlamydia (green)	#42
Environmental Water	#01
General Microbiology (Red)	#60
HIV-1 (CTS form-Yellow)	#44
Stockroom Request	#71-54
Virology/Immunology (green)	#42
Miscellaneous	
Quantity	
6 ml Vacutainer Tubes (Red 100/box)	
Blue (water only) Mailing Containers	
Air Transport Sites/Metal liners	
Mailers with Liners (non-courier sites only)	
Lab Pack Bags	
EPI Go Kits (contain 10 individual ILI kits)	
OSPHL Use Only -	
Filled By:	
Date Received:	