



## Oregon State Public Health Laboratory

### Stockroom Order – Form 71-54

**Instructions:** Please fill out completely. Write legibly and use numerals (e.g., 1, 2) for quantities.

**Consider supply expiration dates when choosing quantities. Fax completed form to 503-693-5600.**

Call 503-693-4100 with questions.

Facility Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

(no PO boxes)

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**\* Collection Kits:**

- Contain biohazard specimen bag, absorbent square, and media or specimen collection device.
- Do not automatically include Test Request Forms.
- Please include Test Request Forms with my order.
- Don't include forms. Our facility orders testing electronically, or I will use the fillable PDF or print my own forms from the OSPHL website: [www.bitly.com/phl-forms](http://www.bitly.com/phl-forms).

Collection Kits*	Form #	# of Kits
<b>For All Clients:</b>		
<b>Chlamydia/gonorrhea (CT/GC)</b>		
Multitest Swab (vaginal)	42	
Unisex Swab (cervical, urethral, rectal, pharyngeal)	42	
Urine	42	
<b>Virology / Immunology Blood</b> (Hepatitis, HIV, syphilis, serology)	42	
<b>Tuberculosis</b>		
Sputum, NAAT (respiratory specimens)	60	
QuantiFERON	60	
<b>For LPHAs, Outbreaks, Public Health Partners:</b>		
<b>Pertussis</b>	60	
<b>Enteric Outbreak Stool Collection</b>		
Viral – Raw Stool Collection Kit	42	
Bacterial – Cary Blair Collection Kit	60	
<b>Respiratory Illness</b>		
Regular Swab with UTM <sup>1</sup> (Flu/COVID)		
Nasopharyngeal swab with UTM <sup>2</sup> (Flu/COVID)		
<b>Water Microbiology</b>		
Public Drinking Water	50	
Environmental Water	01	

Media Only	Quantity
Cary Blair – Bacterial Enteric Stool	
Regan Lowe – Pertussis	
Universal Transport Media (UTM) – Respiratory Viruses	
Saline transport media – COVID-19	
<b>Courier Supplies</b>	
Gel/Ice Packs	
Transport Manifest (1 page to be copied)	
<b>Forms Only</b>	
Virology/Immunology (Green) #42	
General Microbiology (Red) #60	
Stockroom Request #71-54	
Environmental Water #01	
Public Drinking Water #50	
<b>Miscellaneous</b>	
6 mL Vacutainer Tubes (Red top / 100/box)	<input type="checkbox"/> Tubes <input type="checkbox"/> Boxes
Blue (water only) Mailing Containers	

OSPHL Use Only	
Filled by:	Date:
Verified by:	Date:
Mailed by:	Date:

<sup>1</sup> Kit may include UTM, VTM, saline, or other media accepted

<sup>2</sup> Kit may include UTM, VTM, saline, or other media accepted