

# STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT  
KANSAS HEALTH & ENVIRONMENTAL LABORATORIES  
6810 SE DWIGHT STREET  
TOPEKA, KS 66620



PHONE: (785) 296-1620  
FAX: (785) 559-5205  
WWW.KDHEKS.GOV/LABS

GOVERNOR JEFF COLYER, M.D.  
JEFF ANDERSEN, SECRETARY

## REQUISITION FOR LABORATORY SPECIMEN KITS and SUPPLIES

- Forms must be ordered separately.
- Refer to the Manual of Laboratory Tests or call (785) 296-1620 regarding specimen submission.
- Return Completed form by fax or email to: (785) 559-5205 or KDHE.KHEL\_Help@ks.gov

**Enter the quantity needed on the line next to the item.**

### Health Specimen Submission Forms

- |   |                                  |
|---|----------------------------------|
| _____ Blood Lead (Blood Metals)   | _____ Neonatal Screening         |
| _____ Universal Laboratory  | _____ Neonatal Brochure          |
| _____ Phenylketonuria Monitoring<br>(Phenylketonuria Monitoring Locations Only) | <input type="checkbox"/> English |
|   | <input type="checkbox"/> Spanish |

### Health Specimen Kits

#### Virology/Serology

- \_\_\_\_\_ Multi-tube Container with Mailing Box  
(Blood – Ambient)
- \_\_\_\_\_ Mailing Cooler (Cold shipper)  
(Serum – Cold, Required for *HIV* and *Rubella*)
- \_\_\_\_\_ Multi-tube Container with Mailing Box  
(Chlamydia/Gonorrhea - Ambient)
- \_\_\_\_\_ PCR Kit with VTM (Cold shipper)

#### Tuberculosis

- \_\_\_\_\_ TB Mailer

#### Bacterial

- \_\_\_\_\_ Enteric with Cary Blair (Category B) cold
- \_\_\_\_\_ Enteric with Cary Blair (Category B) ambient
- \_\_\_\_\_ Bacterial Isolate (Category B)
- \_\_\_\_\_ Bacterial Isolate (Category A/IDS)

#### Parasite (O&P)

- \_\_\_\_\_ Parasite Mailer with Formalin and PVA

### Other Health Supplies

- |   |                                    |
|---|------------------------------------|
| _____ EDTA Purple Top Blood Tubes (Blood Metals)          | _____ Viral transport medium (VTM) |
| _____ Serum Collection SST tubes                          | _____ Specimen transport bags      |
| _____ Miscellaneous Category B Shipper ambient (box only) | _____ Nasopharyngeal swabs         |
| _____ Miscellaneous Category B Shipper cold (box only)    | _____ Cold gel packs               |
| _____ Screw-cap serum tubes                               | _____ Other (please specify below) |

Facility ID Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Lab Use Only

Date Received \_\_\_\_\_

Date Shipped \_\_\_\_\_

Shipped By \_\_\_\_\_

Transport Method \_\_\_\_\_

Packages Shipped \_\_\_\_\_