



HEALTH AND ENVIRONMENTAL LABORATORIES
DEPARTMENT OF HEALTH AND ENVIRONMENT
Forbes Field Building 740 Topeka Kansas 66620
Fax: (785) 296-1641 Telephone: (785) 296-1623

REQUISITION FOR LABORATORY SPECIMEN KITS

Please use this form to order specimen collection kits from the laboratory. Universal Specimen Submission forms do not come with the kits, so you must order them separately. If you have any questions about submitting specimens, please refer to the Manual of Laboratory Tests or call (785) 296-1623. **Please enter the quantity needed on the line next to the item.**

Universal Specimen Submission Forms

____ Specify number required

Serology

____ Multi-tube bottle with mailing box (5 tube box)
(for shipping blood and/or Chlamydia/gonorrhea specimens)

____ Blood Tubes (Yellow Top)

Viral Culture

____ Virus VTM

____ Flu VTM

____ H1N1 Flu Kit (5 VTM)

Parasite (O&P)

____ Feces Mailer

____ Pinworm Paddle (Health Departments Only)

Gonorrhea

____ Culture Plates

____ Mailer, for two specimens

____ CO₂ Tablets

____ Whirl-Pak Bag

Inorganic Chemistry

____ Blood Lead Filter Paper Forms

____ Blood Lead Confirmation Kits

____ EDTA (Purple Top) Blood Tubes

Neonatal Screening

____ Neonatal Screening Collection Unit

English Spanish

Bacterial

____ Enteric Mailer

____ Infectious Disease Shipper (IDS)

TB

____ Sputum Mailer

Pertussis

____ Nasopharyngeal Mailer

Other

____ (Specify): _____

Contact Epidemiologic Services at (877)427-7317 first for AIDS C/T test, prenatal tests and WNV tests

Send to:

Facility ID No.: _____

Facility Name: _____

Attn: _____

Address: _____

City: _____, KS _____

Phone: _____

LAB USE ONLY

Order Number: _____

Date Received: _____

Shipped By: _____

Date Shipped: _____

Transport Method: _____

Packaged Material: _____