



KANSAS HEALTH & ENVIRONMENTAL LABORATORIES

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 Laboratory Quick Reference Guide or call (785) 296-1623. **Please enter the quantity needed on the line next to the item.**

Universal Specimen Submission Forms

____ Specify number required
____ Blood

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 ____ Enteric
____ Flu VTM
____ H1N1 Flu Kit (5 VTM)

Parasite (O&P)

____ Feces Mailer ____ Sputum
____ Pinworm Paddle (Health Departments Only)

Gonorrhea

____ Culture Plates ____ Nasopharyngeal
____ Mailer, for two specimens
____ CO₂ Tablets
____ Whirl-Pak Bag ____ (Specify): _____

Inorganic Chemistry

____ Blood Lead Filter Paper Forms
____ Lead Confirmation Kits
____ EDTA (Purple Top) Blood Tubes

Neonatal Screening

____ Neonatal Screening Collection Unit
 English Spanish

Bacterial

____ Mailer
____ Infectious Disease Shipper(IDS)

TB

____ Mailer

Pertussis

____ Mailer

Other

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:	_____