



**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 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  
\_\_\_\_ CO<sub>2</sub> 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: \_\_\_\_\_

<b>LAB USE ONLY</b>
Order Number: _____
Date Received: _____
Shipped By: _____
Date Shipped: _____
Transport Method: _____
Packaged Material: _____