

## REQUISITION FOR LABORATORY SPECIMEN KITS and SUPPLIES

- 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

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

### Health Specimen Kits

#### Virology/Serology

- Multi-tube Container with Mailing Box  
(Blood – Ambient Valid for Hepatitis ONLY)
- Mailing Cooler (Cold shipper)  
(Serum – Cold, Valid for ALL Serology)
- Multi-tube Container with Mailing Box  
(Chlamydia/Gonorrhea - Ambient)
- PCR Kit with VTM (Cold shipper)

#### Tuberculosis

- TB Mailer
- QuantiFERON (QFT)

#### Bacterial

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

### Other Health Supplies

- |  |   |
|--|---|
| <input type="checkbox"/> EDTA Purple Top Blood Tubes (Venous Blood Metals)   | <input type="checkbox"/> Screw-cap serum tubes        |
| <input type="checkbox"/> K2 EDTA Microtainer (Capillary Blood Metals)        | <input type="checkbox"/> Viral transport medium (VTM) |
| <input type="checkbox"/> Serum Collection SST tubes                          | <input type="checkbox"/> Specimen transport bags      |
| <input type="checkbox"/> Miscellaneous Category B Shipper ambient (box only) | <input type="checkbox"/> Nasopharyngeal swabs         |
| <input type="checkbox"/> Miscellaneous Category B Shipper cold (box only)    | <input type="checkbox"/> 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 \_\_\_\_\_