



OREGON STATE PUBLIC HEALTH LABORATORY

STOCKROOM ORDER REQUEST

INSTRUCTIONS: Please fill out completely. **Be sure to use your street address. ORDERS TO A P.O. BOX WILL NOT BE SHIPPED.** If you have any questions, please call the Stockroom at (503) 693-4114.

Facility Name	Date	Telephone No.	
Street Address	City	State	Zip Code
YOUR SUBMITTER CODE # _____		Contact Name: _____	

All kits include the appropriate test request form, specimen container, media (if necessary), and mailing container. **Please write legibly and use numerals (1,2,3,...) to indicate the number of kits or supplies that you are requesting.**

TEST KITS	FORM #	# OF KITS	Extra EMPTY Mailing Containers <i>Note: DOES NOT INCLUDE LINERS</i>	QUANTITY
Chlamydia				
Cervical non pregnant (brush).....	8351	_____	Large Double	_____
Cervical pregnant (swab).....	8351	_____	Large Blue (Water only).....	_____
Urine (plastic vials).....	8351	_____	Small Single.....	_____
Enteric Stool (Cary Blair).....	75	_____	Environmental Water.....	_____
HIV-1 Oral Fluid (Approved Sites Only).....	44	_____		
HIV-1 Serology				
Single Kits (1 tube, 100/box).....	44	_____	Extra EMPTY Metal Liners	
Double Kits (2 tubes, 64/box).....	44	_____	<i>Note: DOES NOT INCLUDE MAILERS</i>	
Ova and Parasites (Formalin).....	75	_____	Large.....	_____
Ova and Parasites (PVA).....	75	_____	Small (1 tube only).....	_____
Pertussis (Local Health Departments only).....	75	_____	MISCELLANEOUS	
TB, sputum.....	8533	_____	6 ml Vacuette tubes (100/box only).....	_____
Virus Isolation and Identification				
Stool.....	42	_____	Sample bags (with pocket).....	_____
Transport Media.....	42	_____	Blue (Water only) Mailing Labels.....	_____
Virology/Immunology				
Single.....	42	_____	Orange "Laboratory Pak" Mail Bag.....	_____
Double.....	42	_____	Styrofoam Cooler	_____
Water Microbiology Exam				
Public Drinking Water.....	50-90	_____	MEDIA ONLY	
Environmental Water.....	01	_____	Enteric Stool (Cary Blair).....	_____
FORMS ONLY				
Bacteriology/Parasitology.....	75	_____	Ova and Parasites (Formalin).....	_____
CDC Test Request.....	50-34	_____	Ova and Parasites (PVA).....	_____
Chlamydia.....	8351	_____	Pertussis (Regan Lowe).....	_____
Environmental Water.....	01	_____	Viral Transport.....	_____
HIV-1 Antibody.....	44	_____		
Mycobacteriology (TB).....	8533	_____		
Rabies.....	51	_____		
Stockroom Request.....	71-54	_____		
Virology/Immunology.....	42	_____		
(hepatitis, misc serology, rubella, virus isolation)				

For PHL use only:

Date : _____

Filled by: _____

Reviewed by: _____

Orders may be faxed or mailed

Fax #: 503-693-5600

Mail to: DHS, Oregon State Public Health Laboratory
Stockroom
P. O. Box 275
Portland, Oregon 97207-0275