

CHILD HEALTH LAB SUPPLIES ORDER FORM

SUBMITTER ID# _____
 Agency Name: _____

 Address: _____
 City, Zip: _____ **TX** _____
 Phone: (____) _____ opt/ext _____
 Contact Person: _____



Form (G-399) Revised 7/07
 Mail or Fax Requests to:
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3194
Ph. (512) 458-7661 / Fax (512) 458-7672

Item	Quantity	Specimen Containers/Labels	Quantity
Vacuum tubes (purple top)		Mailing Container – Small (1 tube)	
Vacuum tubes (red top) THS only		Mailing Container – Medium (4 tubes)	
22Gx1” vac needles (multidraw)		Mailing Container – Large (7 tubes)	
Needleholders (safety)		Mailing Labels – postage paid THS only	
Fingerstick Collectors (purple top)		Mailing Labels – postage required	
Lancets (safety) (not for Newborns)		COLD MAILING BOX (choles ,lipid, glucose)	
Gen-Probe Collectors – female THS only		Master Copies of G-1B Form	
Gen-Probe Collectors – male THS only			
Texas DSHS snap-apart filter paper card			
TDSHS Lab Use Only: Date _____		Logged by _____	Date Received _____

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