


## TITLE V/SDI CONTAINERS & FORMS

SUBMITTER ID # \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_ TX \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ opt/ext \_\_\_\_\_




Form (G-6B) Revised 6/05  
 Mail or Fax Requests to:  
**Texas Department of State Health Services**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756-3194**  
**Ph. (512) 458-7661 / Fax (512) 458-7672**

Item	Quantity	Item	Quantity
Vacuum Tubes (2 ml, purple)		Mailing Container- Small (1 tube)	
Vacuum Tubes ( <b>Diabetes</b> , gray)		Mailing Container- Medium (4 tubes)	
22 ga. X 1" vac needles		Mailing Container- Large (7 tubes)	
Needle holders (safety)		Diabetes Kit ( x10 / x 25 / x 100 )	
Fingerstick collectors (purple)		Mailing labels, generic	
Lancets (safety)			
		COLD MAILING BOX (cholesterol, lipid, glucose)	
TDSHS Use Only: Logged _____ Date _____		Date Received _____	

Consult your Title V Policy Manual for Supplies Other Than Listed Above  
 PNC-Prenatal care/maternity, FP- Family planning, THS/CH-Tx Health Steps/Title V Child Health

## TITLE V/SDI CONTAINERS & FORMS

SUBMITTER ID # \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_ TX \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ opt/ext \_\_\_\_\_



Form (G-6B) Revised 6/05  
 Mail or Fax Requests to:  
**Texas Department of State Health Services**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756-3194**  
**Ph. (512) 458-7661 / Fax (512) 458-7672**

Item	Quantity	Item	Quantity
Vacuum Tubes (2 ml, purple)		Mailing Container- Small (1 tube)	
Vacuum Tubes ( <b>Diabetes</b> , gray)		Mailing Container- Medium (4 tubes)	
22 ga. X 1" vac needles		Mailing Container- Large (7 tubes)	
Needle holders (safety)		Diabetes Kit ( x10 / x 25 / x 100 )	
Fingerstick collectors (purple)		Mailing labels, generic	
Lancets (safety)			
		COLD MAILING BOX (cholesterol, lipid, glucose)	
TDSHS Use Only: Logged _____ Date _____		Date Received _____	

Consult your Title V Policy Manual for Supplies Other Than Listed Above  
 PNC-Prenatal care/maternity, FP- Family planning, THS/CH-Tx Health Steps/Title V Child Health