

TB SUPPLIES ORDER FORM

SUBMITTER ID # _____
 Agency Name: _____

 Address: _____

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



Revised 6/04
 Mail or Fax Requests to:
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3194
Ph. (512) 458-7661 / Fax (512) 458-7672

Item	Quantity
TB Single sterile Falcon 50 ml centrifuge tube	
TB Single Liner and Lid	
TB Single Outer Cardboard Mailer and Lid	
TB Single TB Label only	
TB Single Specimen Mailer (cent tube, liner, outer mailer, label)	
One TB Box of 50 Single TB Mailers	
TDSHS Use Only: Date _____ Logged by _____ Date Received _____	