



**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.**

	FORM #	# OF KITS		QUANTITY
GC/Chlamydia supplies:				
Unisex Swab.....	8351	_____	Extra EMPTY Mailing Containers	
Vaginal Swab.....	8351	_____	Note: DOES NOT INCLUDE LINERS	
Urine Specimen.....	8351	_____	Large.....	_____
			Small.....	_____
			Large Blue (Water only).....	_____
			Environmental Water.....	_____
TEST KITS (Includes forms, collection container, and mailing materials)				
Enteric Stool (Cary Blair).....	75	_____	Extra EMPTY Metal Liners	
HIV-1 Oral Fluid (Approved Sites Only).....	44	_____	Note: DOES NOT INCLUDE MAILERS	
HIV-1 Serology			Large.....	_____
Single Kits (1 tube, 100/box).....	44	_____	Small (1 tube only).....	_____
Double Kits (2 tubes, 64/box).....	44	_____		
Ova and Parasites (Formalin).....	75	_____	MISCELLANEOUS	
Ova and Parasites (PVA).....	75	_____	6 ml Vacuette tubes (100/box only).....	_____
Pertussis (Local Health Departments only)....	75	_____	Sample bags (with pocket).....	_____
TB, sputum.....	8533	_____	Blue (Water only) Mailing Labels.....	_____
Virus Isolation and Identification			Orange Mailing Labels (all specimens).....	_____
Stool.....	42	_____	Orange "Laboratory Pak" Mail Bag.....	_____
Respiratory and other.....			Styrofoam cooler	_____
Nasopharyngeal swab.....	42	_____		
Regular swab.....	42	_____	MEDIA ONLY	
Virology/Immunology			Enteric Stool (Cary Blair).....	_____
Double.....	42	_____	Ova and Parasites (Formalin).....	_____
Single.....	42	_____	Ova and Parasites (PVA).....	_____
Water Microbiology Exam			Pertussis (Regan Lowe).....	_____
Public Drinking Water.....	50	_____	Viral Transport.....	_____
Environmental Water.....	01	_____		
Quantiferon – TB	QFT	_____	Form 71-54 (11/2008)	
FORMS ONLY				
Bacteriology/Parasitology.....	75	_____	For PHL use only: Date: _____ Filled by: _____ Reviewed by: _____	
CDC Test Request.....	50-34	_____		
Chlamydia.....	8351	_____		
Environmental Water.....	01	_____		
General Microbiology.....	60	_____		
HIV-1 Antibody.....	44	_____		
Rabies.....	51	_____		
Stockroom Request.....	71-54	_____		
Virology/Immunology.....	42	_____		

Fax orders to 503-693-5600

Or

Mail orders to:

**Department of Human Services
Oregon State Public Health Laboratory
Stockroom
P. O. Box 275
Portland, Oregon 97207-0275**