Washington State Department of Health

Public Health Laboratories Mailroom
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Laboratory Supply Requisition Form

Please send to:			Purchase Order #:	
Street Address:			State:	Zip Code:

Supplies & Complete Specimen Kits		PHL Use Only		Forms and Labels (Separate from a Kit)		PHL Use Only	
Kit or Supply Type	**Order**	**Sent**	**Date**	**Form or Label**	**Order**	**Sent**	**Date**
Chlamydia – Cervical / Urethral				Chlamydia / Gonorrhea Project			
Chlamydia – Urine				Enteric Bacteriology			
Diphtheria				Food & Food Bacteriology			
Enteric Bacteriology				GC Specimens			
GC Transport Plates				HIV			
Mycobacteriology (TB)				Mycobacteriology (TB)			
Nose & Throat Bacteriology				Nose & Throat Bacteriology			
Parasites (O&P)				Parasitology			
Pertussis				Reference Bacteriology			
Pertussis, Charcoal Media Only				Syphilis Serology			
Reference Bacteriology				Virus Examination			
Viral Transport				Water Bacteriology			
Water Bacteriology **(Prepaid)**							
Biohazard Mailing Bag				Return Address Label			
Double Mailing Can				Laboratory Requisition Forms			
Double Mailing Can, Long							
GC Boxes							
Rabies Box, Large							
Rabies Box, Small							
Styrofoam Shipping Container							
Return Container							

Contact Person:	Phone Number:	Date:	Number of Packages:	Budget Code:

Please Return Unused Mailing Containers
Do Not Allow Mailing Containers to Accumulate