



OLS USE ONLY
 [place barcode label HERE]

Supply Order Form for Diagnostic Immunology Collection Kits Thirty (30) Day Supply

Supplies may only be sent to a physical/street address. No P.O. Box for addresses will be accepted for supplies.

FROM:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
NAME:	TITLE:	DATE:

NOTE: Supplies are to be used ONLY for specimens sent to the Office of Laboratory Services.

Syphilis, Rubella, HIV, or Hepatitis Testing Supplies	Number Ordered	Number Sent
Blood Tubes [8.5mL BD Vacutainer Tubes]		
Needle Hubs [Eclipse Needle 21G w/holder]		

CT/NG Testing Supplies	Number Ordered	Number Sent
Collection Devices and Urine Cups with lids [NOTE: OLS provides the same amount of collection devices and cups unless the following box is checked.] <input type="checkbox"/> COLLECTION DEVICES ONLY		
Multi-Test Swab Collection Devices		

Additional Supplies	Number Ordered	Number Sent
Specimen Submission Forms Newest form available online: www.dhhr.wv.gov/ols		1 Hepatitis Form
		1 HIV/CTNG/Syphilis Form
Shipping Canister with absorbent (holds 8 tubes)		

PREFERRED SUBMISSION METHOD is by emailing completed form to: dhrolssupplyorder@wv.gov

OPTIONAL: FAX completed form to (304) 558-2006

NOTE: Blood, urine, and multi-test swab specimens may be shipped in the same canister.

If you have any questions about supplies, call 304-558-3530.

DI Section Supervisor: Extension 20121

Container Room: Extension 20132

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ORDER FILLED BY:	DATE:	
ORDER SHIPPED BY:	DATE:	