



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

OFFICE OF LABORATORY SERVICES  
 167 11<sup>th</sup> Avenue | South Charleston, WV 25303  
 PH: 304-558-3530 | FX: 304-558-2006

**Supply Order Form for Diagnostic Immunology Test Kits**

[for a thirty (30) day supply]

<b>FROM:</b>		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>EMAIL:</b>	
<b>NAME:</b>	<b>TITLE:</b>	<b>DATE:</b>

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
<b>Blood Tubes</b> [8.5mL BD Vacutainer Tubes]		
<b>Needle Hubs</b> [Eclipse Needle 21G w/holder]		

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

Additional Supplies	Number Ordered	Number Sent
<b>Specimen Submission Forms</b> Newest form available online: <a href="http://www.dhhr.wv.gov/ols">www.dhhr.wv.gov/ols</a>		1 Hepatitis Form
		1 Blood/Urine Form
<b>Shipping Canister with absorbent</b> (hold 8 tubes)		

**PREFERRED SUBMISSION METHOD: email completed form to [dhrolssupplyorder@wv.gov](mailto:dhrolssupplyorder@wv.gov)**

**OPTIONAL: fax completed form to: 304-558-2006**

NOTE: Blood and urine 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

OLS USE ONLY		TRACKING NO.
ORDER FILLED BY:	DATE:	
ORDER SHIPPED BY:	DATE:	