



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

OFFICE OF LABORATORY SERVICES
 167 11th 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]

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		
Oral or Rectal 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 Blood/Urine Form
Shipping Canister with absorbent (hold 8 tubes)		

PREFERRED SUBMISSION METHOD: email completed form to 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:	