

INFLUENZA/RESPIRATORY PATHOGEN SPECIMEN COLLECTION KIT REQUEST FORM

REQUEST FROM:		
NAME OF FACILITY		
MAILING ADDRESS		
CITY	STATE	ZIP
NAME OF PERSON REQUESTING KITS		TITLE
PHONE NUMBER		DATE

COLLECTION KIT	QUANTITY	
	ORDERED	SENT
Complete Collection Kit <i>Includes: viral transport media (1), nasopharyngeal swab (1), plastic biohazard bags (2), ice pack (1), absorbent material, shipping box, specimen submission/test request form.</i>		

INDIVIDUAL KIT COMPONENTS	QUANTITY	
	ORDERED	SENT
Transport Media (VTM or UTM)		
Nasopharyngeal Swab		
Biohazard Bag, zippered (with absorbent material)		
FedEx® Return Shipping Label		
Shipping Box, insulated		

NOTE: Specimen Submission Test Request Forms can be downloaded from our website at <https://dhhr.wv.gov/ols/forms/Pages/default.aspx>

Return via fax to 304-558-2006 or by email to dhrolssupplyorder@wv.gov.

CONTACT INFORMATION	
<i>Section/Unit</i>	<i>Extension</i>
Molecular Unit	58868
Containers Unit	20132

Order Filled By: _____
Order Shipped By: _____
Date: _____