



West Virginia Department of Health and Human Resources

Office of Laboratory Services
 167 11th Avenue
 South Charleston, WV 25303
 Phone: (304) 558-3530 FAX: (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.

For your convenience, order all supplies needed for 30 days on one form.

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 (Urine) Supplies	Number Ordered	Number Sent
Collection Devices and Urine Cups with Lids [Note: OLS provides the same amount of collection devices and cups]		

Additional Supplies	Number Ordered	Number Sent
Specimens Submission Forms <i>Newest form available online:</i> www.dhhr.wv.gov/ols		1 Hepatitis Form
		1 Blood/Urine Form
Shipping canisters with 2 absorbent pads (holds 8 tubes)		

NOTE: Blood and urine specimens can be shipped in the same canister.

If you have questions about supplies, call 1-304-558-3530.

DI Supervisor Extension 2405

Container Room Extension 2204

REV CC/DM 2018

OLS USE ONLY

TRACKING NO.

ORDER FILLED BY: _____

DATE: _____

ORDER SHIPPED BY: _____

DATE: _____