

CORONAVIRUS DISEASE (COVID-19) SPECIMEN KIT REQUEST FORM

**PLEASE NOTE: PRIORITY WILL BE GIVEN TO COUNTY HEALTH DEPARTMENTS AND STATE AGENCIES.
HOSPITAL AND CLINICAL LABORATORY ORDERS WILL BE FILLED IF SUPPLY ALLOWS.**

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

	QUANTITY	
	ORDERED	SENT
INDIVIDUAL KIT COMPONENTS		
Viral Transport Media (VTM)		
Nasopharyngeal Swab		
Biohazard Bag, 95kPa		
Biohazard Bag, zippered		
Absorbent Material		
Shipping Box, insulated (includes 2 ice packs)		

*A copy of our Specimen Submission Test Request Form will be included with each order.
Additional copies can be made or can be downloaded from our website at www.dhhr.wv.gov/ols.*

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