

INFLUENZA/RESPIRATORY PATHOGEN SPECIMEN 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 Swabs		
Biohazard Bag, 95kPa		
Biohazard Bag, zippered		
Absorbent Material		
FedEx® Return Shipping Label		
Shipping Box, insulated		

NOTE: Specimen Submission Test Request Forms can be downloaded from our website at www.dhhr.wv.gov/ols

CONTACT INFORMATION	
Section/Unit	Extension
Microbiology Section	2602
Virology Unit	2403
Containers Unit	2204

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