

**FOR LAB USE ONLY:**

Date Request Received/ Initials \_\_\_\_\_ /

Date Supplies Filled/Initials \_\_\_\_\_ /

Date Supplies Sent/Initials \_\_\_\_\_ /

**LABORATORY SUPPLY REQUEST FORM**Fax or Mail Completed Form to:Public Health Services San Joaquin County  
Public Health Laboratory (Specimen Processing)  
1601 E. Hazelton Ave. Stockton, CA 95205

Telephone: (209) 468-3460

Fax: (209) 468-0639

Specimen Container	No. Requested	No. Sent	Comment
<b>AFB:</b>			
<input type="checkbox"/> MGIT Tubes			
<input type="checkbox"/> MGIT Supplement			
<input type="checkbox"/> pH Indicator Strips			
<input type="checkbox"/> Phenol Red Indicator			
<input type="checkbox"/> Yellow Top Vacutainer (Blood)			
<input type="checkbox"/> NAC-PAC			
<b>Blood Collection Tubes:</b>			
<input type="checkbox"/> Gold Top (HIV/RPR)			
<input type="checkbox"/> Green Top (QuantiFERON)			
<b>Chlamydia/GC NAAT Kits:</b>			
<input type="checkbox"/> Urine Collection Kit			
<input type="checkbox"/> Unisex Swab Collection Kit			
Enteric (Cary-Blair) Collection Kit			
Herpes/Virus (M-4) Media			
<b>Blood Culture Bottle</b>			
<input type="checkbox"/> Pediatric			
<input type="checkbox"/> Adult			
<b>Lab Forms Only (Specify)</b>			
<b>Ova &amp; Parasite Collection Kit</b>			
<b>Rabies Specimen Containers:</b>			
<input type="checkbox"/> 32 oz Small			
<input type="checkbox"/> 86 oz Medium			
<input type="checkbox"/> 172 oz Bucket			
<input type="checkbox"/> 2-Gallon			
<input type="checkbox"/> 5-Gallon			
<b>Specimen Transport Bags</b>			
<b>Water Collection Kit</b>			
<b>Other (Specify)</b>			

**Requested by:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_