

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
AFB:			
<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			
Blood Collection Tubes:			
<input type="checkbox"/> Gold Top (HIV/RPR)			
<input type="checkbox"/> Green Top (QuantiFERON)			
Chlamydia/GC NAAT Kits:			
<input type="checkbox"/> Urine Collection Kit			
<input type="checkbox"/> Unisex Swab Collection Kit			
Enteric (Cary-Blair) Collection Kit			
Herpes/Virus (M-4) Media			
Lab Forms Only (Specify)			
Ova & Parasite Collection Kit			
Rabies Specimen Containers:			
<input type="checkbox"/> Small			
<input type="checkbox"/> Medium			
<input type="checkbox"/> 5-Gallon			
Specimen Transport Bags			
Water Collection Kit			
Other (Specify)			

Requested by:

Name: _____

Agency: _____

Address: _____

Phone: _____