## REQUISITION FOR LABORATORY SUPPLIES

##

**Email to:** **DPHLabKits@ky.gov** **or** Fax to: (502) 564-7019

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| --- | --- |
| Date: |       |
| Facility: |       |
| Delivery Address: |       |
| Attention To: |       |
| Phone Number: |       |

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| **Clinical Testing Supplies** | **Shipping Supplies** |
| Gonorrhea/Chlamydia Kits(Genprobe kits)Number of kits requested | SWAB | URINE | Multi-Shippers(Ship CT/GC, Syphilis, HIV, etc.) |       |
|       |       | Multi-Shippers with Cold Pack(Ship Flu, Herpes, Hep C) |       |
| Enteric Pathogen/Norovirus Kit (Cary Blair) |       | Category B Ambient Box |       |
| TB Sputum Kit |       | Tube Shuttles |       |
| Viral Isolation Swab Kit(Includes shipper) |       | 95kPa Bags |       |
| Viral Transport Media(Swab/ Media; used for Virus & Flu) |       | Labels- Purple PO Box Only |       |
| Red Stopper Blood Tubes |       |  |  |
| PPT Blood Tubes (HCV Testing) |       |  |  |
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| **Environmental Testing Supplies** | **Courier Shipping Supplies****\*\*Only for facilities on current courier route\*\*** |
| Rabies Collection Kit  |      | Gray Courier Bags |       |
| Water Bacteriology Kit |       | Specimen Bags |       |
| Food Collection Kit |       |  |  |
|  |  |
| **Other** |
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KY Division of Laboratory Services (502)564-4446