TENNESSEE DEPARTMENT OF HEALTH - LABORATORY SERVICES
REQUISITION FOR LABORATORY SUPPLIES

SEND TO _____

ADDRESS _____

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SIGNATURE _____ PHONE _____

***** SUBMIT THIS FORM TO THE LABORATORY. BE SPECIFIC IN ORDERING*****

Quantity	**COMPLETE KITS (Includes Form, Mailing Label, and Mailer)**		Quantity	**REQUEST FORMS**	
	TB smear and culture			Miscellaneous Examination PH-1573	
	Intestinal Parasites (O&P)			Water Bacteriology Analysis PH-1575	
	Pinworm			Mycobacteriology Smear and Culture PH-1577	
	Pertussis			Syphilis Serology PH-1578	
	Water Bacteriology			Virology PH-1579	
	Foodborne Outbreak Stool Collection Kit			Req. Laboratory Supplies PH-1580A	
	INDIVIDUAL ITEMS (Includes All Supplies Except Forms and Mailers)			Newborn Screening PH-1582 ***(Order From Nashville Only)***	
				Gonococcus Culture PH-1583	
	Cary-Blair for Enteric/Bacterial Transport			Rabies PH-1584	
	Chlamydia/Gonorrhea Collection Kit			Group A Streptococcus PH-1587	
	Chlamydia/Gonorrhea Urine Collection Kit			Immunoserology PH-1589	
	Gonorrhea Culture			Rubella Serology PH-1917	
	Throat Cultures for Group A Strep (TSA)			HIV-1 Serology PH-3173	
	Vacutainer Tubes (7ml draw)			Chlamydia and Gonorrhea Detection PH-3179	
	Viral Transport Media (1.5 ml. / tube)				
	Diptheria (PAI) ***(Order From Nashville Only)***				
	Regan-Lowe (For Pertussis Only)				

MAILING CONTAINERS			**MAILING LABELS**	
	Medium (1-3 tubes, single bloods)		GONO-PAK	
	Large (3-6 tubes, multi-bloods, GC Culture)		MYCO	
			Specimen for Microbiological Examination PH-0838	

SPECIAL NEEDS:

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ORDERING INFORMATION

- Please order only what you will use in one month
- Please submit order one week in advance of need
- Be sure to check expiration dates carefully
- Please return all incomplete or expired materials

THREE EASY WAYS TO ORDER

1. Mail to: Tennessee Department of Health
   Laboratory Services
   630 Hart Lane
   Nashville, Tennessee 37247- 0801
2. FAX (615) 262-6393
3. CALL (615) 262-6322

FOR LABORATORY USE ONLY

RECEIVED _____ FILLED_____ INITIALS_____ SHIPPED_____

Date Date Date Date