

Supply Request Form

Alaska State Public Health Laboratories

REQUESTOR NAME: _____ PHONE NUMBER: _____
 MAILING ADDRESS: _____
 _____ ORDER DATE: _____

PLEASE ALLOW 4-5 WORKING DAYS FOR SUPPLIES TO ARRIVE.

Fairbanks	
Fax order to: 907-474-4036	
Obtain Fairbanks Laboratory Test Request Forms: http://dhss.alaska.gov/dph/Labs/Documents/publications/FbxSupplyReq.pdf	
QUANTITY	TYPE
_____	Universal Transport Media (<i>UTM</i> -for most PCR and Viral Culture)
_____	Insulated Serum Shippers (<i>Required for HIV & acceptable for all serum tests</i>)

Anchorage	
Fax order to: 907-334-2161	
Obtain Anchorage Laboratory Test Request Form: http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf	
QUANTITY	TYPE
_____	Urine APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit (50/box)
_____	Swab APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit-Unisex (50/box)
_____	Vaginal APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit (50/box) <i>***Note: APTIMA supplies are provided to approved providers only</i>
_____	TB Collection tubes with sodium carbonate preservative for SPUTUM (25/bag)
_____	TB Collection tubes WITHOUT preservative (25/bag)
_____	TB Blood Culture Tubes, 10 mL Wampole Isolator (SPS)
_____	Enteric Transport Media (ETM for stool cultures)
_____	Carey Blair Transport Swabs (isolated organisms: <i>Campylobacter, Shigella, Salmonella, Escherichia coli O157</i>)
_____	Intestinal Ova & Parasite (10% Formalin & Zinc)
_____	Universal Transport Media (UTM-for viral cultures)
_____	Biological substance Category B shipping container <i>***No additional biohazard bags are provided</i>

Please note - Alaska State Public Health Laboratories do not provide blood collection tubes or nasopharyngeal swabs for Pertussis PCR.

To be filled out by State lab:

Phone order taken by/date: _____ Order Filled by/date: _____