

# 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.\*\*\*

<b>Fairbanks</b>	
<b>Fax order to: 907-474-4036</b>	
Obtain Fairbanks Laboratory Test Request Forms: <a href="http://dhss.alaska.gov/dph/Labs/Documents/publications/FbxSupplyReq.pdf">http://dhss.alaska.gov/dph/Labs/Documents/publications/FbxSupplyReq.pdf</a>	
QUANTITY	TYPE
_____	Universal Transport Media, <i>UTM for virus transport. Purpose (check all that apply):</i>
	Herpes simplex virus PCR (fees may apply)      Other testing (ex. respiratory viruses)
_____	Insulated Serum Shippers ( <b>Required for HIV &amp; acceptable for all serum tests</b> )

<b>Anchorage</b>	
<b>Fax order to: 907-334-2161</b>	
Obtain Anchorage Laboratory Test Request Form: <a href="http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf">http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf</a>	
QUANTITY	TYPE
_____	APTIMA® Urine Specimen Collection Kit for Chlamydia/Gonorrhea testing (50/box)
_____	APTIMA® Unisex Swab Collection Kit for Chlamydia/Gonorrhea testing (50/box)
_____	APTIMA™ Multitest Swab Specimen Collection Kit for Chlamydia/Gonorrhea testing (50/box)
	<i>***Note: APTIMA supplies are provided to approved providers only</i>
_____	TB Collection tubes with sodium carbonate preservative for <b>SPUTUM (25/bag)</b>
_____	TB Collection tubes <b>WITHOUT</b> 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</i> O157)
_____	Intestinal Ova & Parasite (10% Formalin & Zinc PVA)
_____	Universal Transport Media ( <i>UTM for virus transport</i> ) Purpose (check all that apply):
	Herpes simplex virus PCR (fees may apply)      Other testing (ex. respiratory viruses)
_____	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: \_\_\_\_\_