



Clinical Supplies Requisition Form

Date: _____ Agency Name: _____
 Provider Code: _____ (only one code per form) Contact Name: _____
 Program Name: _____ Agency Address: _____
 Phone: _____ City: _____
 Fax: _____ Zip Code: _____

Please indicate the quantity required. Adjustments may be made based on supply availability.

SYPHILIS / HIV / HCV

_____ Blood Collection Tubes
 _____ Sure Check HIV Accessory Kit
 _____ Sure Check Rapid HIV Controls
 _____ Sure Check Rapid HIV Devices
 _____ Lancets for Determine
 _____ Determine HIV Controls
 _____ Determine 4th Generation HIV Devices
 _____ OraSure HCV Devices
 _____ OraSure HCV Controls

BLOOD LEAD

_____ "Exempt Human Specimen" Labels
 _____ Alcohol wipes
 _____ Lancets
 _____ Gauze
 _____ Capillary collection tubes
 _____ Blood collection tubes

MAILING SUPPLIES

_____ 95 kPa Biohazard bags
 _____ 2 x 8 zip-lock bag (100 each)
 _____ Shipping boxes (room temp)
 _____ Styrofoam cooler and ice packs
 _____ UN3373 labels

UPS RETURN SERVICE LABELS **

_____ Carbondale Laboratory
 _____ Chicago Laboratory
 _____ Springfield Laboratory

GONORRHEA / CHLAMYDIA

_____ Uni Swab (Vaginal, throat, rectal)
 _____ Dual Swab (Endocervical)
 _____ Urine collection kit
 _____ Urine collection cups
 _____ Aptima kit for <14 year-old

SUBMISSION FORMS

_____ Blood Lead form
 _____ Communicable Disease form
 _____ Influenza form
 _____ STD/HIV form with barcodes

OTHER

_____ Cary-Blair swabs
 _____ Cary-Blair vials
 _____ Pertussis kit* (Regan Lowe)
 _____ Influenza kit
 _____ Measles kit*
 _____ Mumps Kit*
 _____ Mycobacteriology Tubes (TB)

NEWBORN SCREENING

_____ Newborn Screening blood spot cards
 _____ UPS Next Day Air IDPH Chicago Laboratory labels

*** Contact the IDPH Communicable Diseases Program at 217-782-2016**

**** UPS Return Service Labels are only provided for certain tests. Please include provider code or program name.**

Fax the completed form to the IDPH Springfield Lab:

Illinois Department of Public Health
 Division of Laboratories
 825 N. Rutledge Street
 Springfield, IL 62702
 217-782-6562 (phone)
217-558-3476 (fax)

IDPH Laboratory Use Only:	Date Filled:	Filled by:
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