State of Illinois
Illinois Department of Public Health

Clinical Supplies Requisition Form

Date:_____ Agency Name: _____
(no abbreviations)

Provider Code: _____ Contact Name: _____
(only one code per form)

Grant/Program Name:_____ Agency Address: _____
(no abbreviations)

Phone: _____ Ext._____ City: _____

Fax: _____ Zip Code: _____

Region:_____ e-mail: _____

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

Qty.	**SYPHILIS / HIV / HCV**
_____	Blood Collection Tubes
_____	Sure Check HIV **Accessory kit**
_____	Sure Check Rapid HIV **Controls**
_____	Sure Check Rapid HIV Devices "test kits"
_____	Lancets for Determine
_____	Determine HIV Controls
_____	Determine 4th Generation HIV Devices "test kits"
_____	OraSure HCV Devices "test kits"
_____	OraSure HCV **Controls**

Qty.	**GONORRHEA/CHLAMYDIA**
_____	Uni Swab (Vaginal, throat, rectal)
_____	Dual Swab (Endocervical)
_____	Urine collection kit
_____	Urine collection cups
_____	Aptima kit for <14 year-old

Qty.	**BLOOD LEAD**
_____	"Exempt Human Specimen" Labels
_____	Alcohol wipes
_____	Lancets
_____	Gauze
_____	Capillary collection tubes
_____	Blood collection tubes

Qty.	**SUBMISSION FORMS**
_____	Blood Lead form
_____	Communicable Disease form
_____	Influenza form
_____	STD/HIV form with barcodes

Qty.	**NEWBORN SCREENING**
_____	Newborn Screening blood spot cards
_____	UPS Next Day Air IDPH Chicago Laboratory labels

Qty.	**MAILING SUPPLIES**
_____	95 kPa Biohazard bags
_____	2 x 8 zip lock plastic bag (100 each)
_____	Shipping boxes (room temp)
_____	Styrofoam cooler and ice packs
_____	UN3373 labels

Qty.	**UPS RETURN SERVICE LABELS ****
_____	Carbondale Laboratory
_____	Chicago Laboratory
_____	Springfield Laboratory

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

**** Contact the IDPH Communicable Diseases Program at 217-782-2016 for testing approval.***
***** UPS Return Service Labels are only provided for certain tests. Please include provider code or program name.***

For HIV/HCV Testing Supply Orders ONLY:

HIV/HCV Testing Supply Orders must be faxed to IDPH HIV Prevention and NOT the Lab Directly.

FAX TO: 217-557-3675

For all other (non HIV/HCV) Supplies:

Fax the completed form to the IDPH Springfield Lab:

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

FAX TO: 217-558-3476

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