



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
- _____ Clearview HIV Accessory Kit
- _____ Clearview Rapid HIV Controls
- _____ Clearview 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

- _____ Female swab collection kit
- _____ 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, PO Box 19435
 Springfield, IL 62702
 217-782-6562 (phone)
217-558-3476 (fax)

IDPH Laboratory Use Only:	Date Filled:	Filled by:
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