**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** |
| _____ | Insti HIV/HIV-2 Ab/Ag test kit |
| _____ | Insti HIV/HIV-2 Control |

| Qty. | GONORRHEA/CHLAMYDIA |
|---|---|
| _____ | Aptima Multi-Test (vaginal, throat, rectal) |
| _____ | Aptima Uni-Sex (endocervical) |
| _____ | Aptima Urine collection kit (male and female) |

| Qty. | BLOOD LEAD |
|---|---|
| _____ | "Exempt Human Specimen" Labels |
| _____ | Alcohol wipes (box of 200) |
| _____ | Lancets (box of 200) |
| _____ | Gauze (box of 100) |
| _____ | Capillary collection tubes (box of 100) |
| _____ | 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) |
| _____ | Shipping boxes *with* Styrofoam cooler |
| _____ | Ice Packs |
| _____ | UN3373 labels |

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

| Qty. | Other |
|---|---|
| _____ | Cary-Blair swabs |
| _____ | Cary-Blair vials |
| _____ | Influenza kits (10 patients) |
| _____ | Measles kit (1 patient) |
| _____ | Mumps kit (1 patient) |
| _____ | Mycobacteriology Tubes (TB |
| _____ | Norovirus Kit (NLV) (1 patient) |

All COVID-19 Supplies MUST be ordered electronically (click-able)

**** 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 e-mailed to IDPH HIV Prevention and NOT the Lab Directly.

**e-mail TO: dph.preventionhelp@illinois.gov**

**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**

Click to Print

| IDPH LABORATORY USE ONLY: | Date Filled: | Filled By: |
|---|---|---|

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