

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	Qty. BLOOD LEAD	Qty. MAILING SUPPLIES
_____ Blood Collection Tubes	_____ "Exempt Human Specimen" Labels	_____ 95 kPa Biohazard Bags
_____ Sure Check HIV Accessory Kit	_____ Alcohol Wipes (box of 200)	_____ 2 x 8 Zip Lock Plastic Bag (100 each)
_____ Sure Check Rapid HIV Controls	_____ Lancets (box of 200)	_____ Shipping Boxes (room temp)
_____ Sure Check Rapid HIV Devices "test kits"	_____ Gauze (box of 100)	_____ Shipping Boxes <i>with</i> Styrofoam Cooler
_____ Lancets for Determine	_____ Capillary Collection Tubes (box of 100)	_____ Ice Packs
_____ Determine HIV Controls	_____ Blood Collection Tubes	_____ UN3373 Labels
_____ Determine 4th Generation HIV Devices "test kits"	Qty. SUBMISSION FORMS	Qty. FedEx SHIPPING LABELS*
_____ OraSure HCV Devices "test kits"	_____ Blood Lead Form	_____ Carbondale Laboratory
_____ OraSure HCV Controls	_____ Communicable Disease Form	_____ Chicago Laboratory
_____ Insti HIV/HIV-2 Ab/Ag test kit	_____ Influenza Form	_____ Springfield Laboratory
_____ Insti HIV/HIV-2 Control	_____ STD/HIV Form with Barcodes	Qty. Other
Qty. GONORRHEA/CHLAMYDIA	Qty. NEWBORN SCREENING	_____ Cary-Blair Swabs
_____ Aptima Multi-Test (vaginal, throat, rectal)	_____ Newborn Screening Blood Spot Cards	_____ Cary-Blair Vials
_____ Aptima Uni-Sex (endocervical)	_____ FedEx Priority Overnight IDPH Chicago Laboratory labels	_____ Influenza Kits (10 patients)
_____ Aptima Urine Collection Kit (male and female)		_____ Measles Kit (1 patient)
		_____ Mumps Kit (1 patient)
		_____ Mycobacteriology Tubes (TB)
		_____ Norovirus Kit (NLV) (1 patient)

[All COVID-19 supplies MUST be ordered electronically \(click-able\)](#)

* **FedEx 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 emailed to IDPH HIV Prevention and NOT the lab directly.

email 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**

IDPH LABORATORY USE ONLY:	Date Filled:	Filled By:
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