

Minnesota Department of Health



Request for Laboratory Supply Materials

Clinic or Hospital Name

Name

Street Address only (No P.O. Box Numbers)

Phone #

City or Town State Zip Code

Amount		Amount	
	AFB kits		#840 –Biological Substance Category B boxes & labels
	Enteric Bacteria kit		#840 – ice packs
	Enteric Parasite		#840 – NP swabs
	Gauze/batting		#840 – vials of Regan-Lowe
	KL kit (Diphtheria)		#840 – Pertussis Report & Laboratory Request Form
	Serology kits (USR, VDRL, HIV, VIROLOGY)		#840 – Tyvec envelope & plastic bags
	6 oz. Whirl bag (serology)		
	Double mailing cylinders		
	Biological Substance Category A Mailers		
	Biological Substance Category B Mailers		

*Kit includes 1 mailer, 1 gauze, 1 whirlbag, and 1 vial, parapak or other appropriate container.
For item not listed, write in blank spaces.

Forms can be found on MDH website: <http://www.health.state.mn.us/divs/phl/clin/specimensubmission.pdf>

To place an order, please FAX this completed form to (651) 201-4538 or mail to:

Minnesota Department of Health
601 Robert Street North
PO Box 64899
St. Paul, MN 55155-2531
Questions: (651) 201-4953

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