

Supply Request Form

Alaska State Public Health Laboratories

REQUESTOR NAME: _____ PHONE NUMBER: _____
 MAILING ADDRESS: _____
 ORDER DATE: _____

PLEASE ALLOW 4-5 WORKING DAYS FOR SUPPLIES TO ARRIVE.

Fairbanks

Fax order to: 907-474-4036

Obtain Fairbanks Laboratory Test Request Forms:
<http://www.hss.state.ak.us/dph/labs/publications/image/FbxSupplyReq.pdf>

QUANTITY	TYPE
_____	Universal Transport Media (<i>UTM</i> -for viral cultures)
_____	Serum Shippers

Anchorage

Fax order to: 907-334-2161

Obtain Anchorage Laboratory Test Request Form:
<http://www.hss.state.ak.us/dph/labs/publications/image/AncSupplyReq.pdf>

QUANTITY	TYPE
_____	Region X Forms
_____	Urine APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit (50/box)
_____	Swab APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit-Unisex (50/box)
_____	Vaginal APTIMA Chlamydia/Gonorrhea Specimen Collection Kit (50/box)
	<i>***Note: APTIMA supplies are provided to approved providers only</i>
_____	TB Collection tubes with sodium carbonate preservative for SPUTUM (25/bag)
_____	TB Collection tubes WITHOUT preservative (25/bag)
_____	TB Blood Culture Tubes, 10 mL Wampole Isolator (SPS)
_____	Enteric Transport Media (<i>ETM</i> for stool cultures)
_____	Carey Blair Transport Swabs (isolated organisms Campy, Shigella, Salmonella, E.coli O157)
_____	Fungal Culture Media (<i>Includes both: Sabouraud's & Mycosel</i>)
_____	Intestinal Ova & Parasite (<i>10% Formalin & Zinc</i>)
_____	CDC Giardia Molecular Study Kit (<i>Testing performed at CDC Atlanta, GA</i>)
_____	Pertussis 2 Swab Kit (<i>Containing Regan-Lowe Media, NP culture swab and NP PCR swab</i>)
_____	Pertussis Media ONLY (<i>to replace expired Regan-Lowe in 2 Swab Kit</i>)
_____	Universal Transport Media (<i>UTM</i> -for viral cultures)
_____	Biological substance Category B shipping container
	<i>***No additional biohazard bags are provided</i>

Please note - Alaska State Public Health Laboratories do not provide blood collection tubes.

To be filled out by State lab:

Phone order taken by/date: _____ Order Filled by/date: _____