Lab Supply Order Form

Date:_____

Ordering Location:_____

Person Requesting Supplies:_____

Covid Collection Supplies

- ☐ **VIRAL TRANSPORT MEDIA** **Qty:_____**
- ☐ **NASAL SWABS** **Qty:_____**
- ☐ **NASOPHARYNGEAL SWABS** **Qty:_____**

Stool Collection Supplies

- ☐ **Para-Pak Transport Media** **Qty:_____**
- ☐ **AlcorFix Transport (O&P)** **Qty:_____**

Misc: Collection Supplies

- ☐ **HSV Kit** **Qty:_____**
- ☐ **H.Pylori Breathtek Kit** **Qty:_____**

TB Quantiferon 4-tube **QTY:_____**

PLEASE FAX COMPLETED FORMS TO 217-258-2384

PLEASE ALLOW 48HRS TO PROCESS REQUESTS