

DOPH LABORATORY SUPPLY REQUEST FORM

Please fax the completed form to the RUHS DOPH Lab: (951) 358 – 5015

Site Name			
Submitter Address			
Requestor's Name		Contact Number	
Date of Request		Supervisor's Name	

Supply Name	Quantity Requested	LAB USE ONLY	
		Quantity Sent	Item Expiration
Nasopharyngeal Swab with viral/universal transport media (Flu/Measles/Herpes etc.)			
Amies Charcoal Swab (black top - GC and Pertussis culture ONLY)			
Liquid Amies Swab (orange or blue top – for B. pertussis PCR)			
Pinworm Paddles			
Brown Bags [] Large [] Small			
BI-O.K. Spore Test			
Liquid Reagents - please specify [] Saline [] KOH			
Supply Name	Quantity Requested	Quantity Sent	Item Expiration
NOTE: Supplies listed below are part of the monthly distribution and will require Lab Director approval prior to fulfilling requests.			
CT/GC Aptima Urine Tubes			
CT/GC Aptima Swab Collection Tubes			
Specimen BioHazard Bags (Small)			
“Green top” blood shipping containers			
AFB Specimen Transport Containers			
Quantiferon -TB Gold collection tubes			
Ova & Parasite Containers (Pink & Grey Top)			
C & S Containers (Orange top for stool culture)			

Date Request Received:	Request Fulfilled Date/ Initials:
Date Supplies Received:	Supplies Received Date/ Initials: