

FOR LAB USE ONLY:

Date Request Received/ Initials _____

Date Supplies Filled/Initials _____

Date Supplies Sent/Initials _____

LABORATORY SUPPLY REQUEST FORM

Fax or Mail Completed Form to:

**Public Health Services San Joaquin County
Public Health Laboratory (Specimen Processing)
1601 E. Hazelton Ave. Stockton, CA 95205
Telephone: (209) 468-3460
Fax: (209) 468-0639**

Specimen Container	No. Requested	No. Sent	Comment
AFB:			
<input type="checkbox"/> Sputum Collection Cups			
<input type="checkbox"/> Yellow Top Vacutainer (Blood)			
<input type="checkbox"/> NAC-PAC			
Blood Collection Tubes:			
<input type="checkbox"/> Gold Top (HIV/RPR)			
<input type="checkbox"/> Green Top (QuantiFERON)			
Blood Culture Bottles (BacT/ALERT)			
<input type="checkbox"/> Adult Blood Culture Bottles			
<input type="checkbox"/> Pediatric Blood Culture Bottle			
Chlamydia/GC NAAT APTIMA Kits:			
<input type="checkbox"/> Urine Collection Kit			
<input type="checkbox"/> Urine Collection Cups			
<input type="checkbox"/> Unisex Swab Collection Kit			
Enteric (Cary-Blair) Collection Kit			
Herpes/Virus (M-4) Media			
Lab Forms Only (Specify)			
Ova & Parasite Collection Kit			
Rabies Specimen Containers:			
<input type="checkbox"/> Small			
<input type="checkbox"/> Medium			
<input type="checkbox"/> 5-Gallon			
Specimen Transport Bags			
Water Collection Kit			
Other (Specify)			

Requested by

ver. 2.5.26

Name: _____

Agency: _____

Address: _____

Phone: _____