

**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  
E-mail: [phslabmgrs@sjcphs.org](mailto:phslabmgrs@sjcphs.org)

Specimen Container	No. Requested	No. Sent	Comment
<b>AFB:</b>			
<input type="checkbox"/> Sputum Collection Cups (100/bag)			
<input type="checkbox"/> Yellow Top Vacutainer (Blood)			
<input type="checkbox"/> NAC-PAC			
<b>Blood Collection Tubes:</b>			
<input type="checkbox"/> Gold Top (HIV/RPR)			
<input type="checkbox"/> Green Top (QuantiFERON)			
<b>Blood Culture Bottles (BacT/ALERT)</b>			
<input type="checkbox"/> Adult Blood Culture Bottles			
<input type="checkbox"/> Pediatric Blood Culture Bottle			
<b>Chlamydia/GC NAAT APTIMA Kits:</b>			
<input type="checkbox"/> Urine Collection Kit (50/box)			
<input type="checkbox"/> Urine Collection Cups (100/bag)			
<input type="checkbox"/> Unisex Swab Collection Kit (50/box)			
<b>Enteric (Cary-Blair) Collection Kit</b>			
<b>Herpes/Virus (M-4) Media</b>			
<b>Ova &amp; Parasite Collection Kit</b>			
<b>Rabies Specimen Containers:</b>			
<input type="checkbox"/> Small (32 oz.)			
<input type="checkbox"/> Medium (86 oz.)			
<input type="checkbox"/> Medium (1.34-Gallon)			
<input type="checkbox"/> Large (2-Gallon)			
<input type="checkbox"/> Large (5-Gallon)			
<b>Specimen Transport Bags</b>			
<b>Water Collection Kit</b>			
<b>Other (Specify)</b>			

**Requested by**

ver. 3.31.26

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_