



MARYLAND DEPARTMENT OF HEALTH

LABORATORIES ADMINISTRATION
1770 ASHLAND AVENUE BALTIMORE, MD 21205
PHONE: 443-681-3776 or 443-681-3777
FAX: 443-681-3850

Outfit Supply Requisition

SUBMITTER: _____ **DATE:** _____

NAME OF FACILITY: _____ **PHONE:** _____

ADDRESS: _____

<u>KITS</u>	<u>QUANTITY</u>	<u>COMPONENTS</u>	<u>QUANTITY</u>
1. PINWORM SLIDES	_____	8. BIOHAZARD BAGS	_____
2. FLOW CYTOMETRY	_____	9. GC PLATES <input type="checkbox"/> BAGS <input type="checkbox"/> PILLS <input type="checkbox"/> SWABS	_____
3. VIRAL CULTURE KIT	_____	10. MISCELLANEOUS URINE CUPS	_____
4. SPUTUM (T B CULTURE)	_____	11. RED TOP TUBES	_____
5. VIRAL LOAD KIT	_____	12. LAVENDER TUBES	_____
6. GENO TYPING KIT	_____	13. BLOOD CULTURE	_____
7. RFFIT COLLECTION KIT	_____	14. ENTERIC PATHOGEN MEDIA (PARA PAK C&S)	_____
CHLAMYDIA/GORNORRHEA NAAT		15. INTESTINAL PARASITE MEDIA (PARA PAK ECO, O&P)	_____
VAGINAL SPECIMEN TRANS KIT	_____	16. CHLAMYDIA CELL CULTURE MEDIA	_____
UNISEX SWAB KIT	_____	17. STUART'S TRANSPORT MEDIA	_____
URINE KIT	_____	18. AMIES TRANSPORT MEDIA	_____
URINE CUPS	_____	FORMS 100 PER PACK	
TUBES	_____	1. INFECTIOUS AGENTS/CULTURE/DETECTION-DHMH 4676	_____
PIPETTES	_____	2. SEROLOGICAL TESTING DHMH 4677	_____
CAPS	_____	3. ENVIRONMENTAL FORM DHMH#	_____
		4. FLOW CYTOMETRY DHMH 4393	_____
		5. VIRAL LOAD DHMH 4393-A	_____
		6. OTHER	_____