

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LABORATORIES ADMINISTRATION

1770 ASHLAND AVE BALTIMORE, MD 21205, 443-681-3776

FAX: 443-681-3850

Requisition for Specimen-Mailing Assemblies

SUBMITTER: _____ Date: _____

NAME OF FACILITY: _____ Phone #: _____

ADDRESS: _____

<u>KITS</u>	<u>AMOUNT</u>	<u>COMPONENTS</u>	<u>AMOUNT</u>
1. PINWORM SLIDES	_____	8. BIOHAZARD BAGS	_____
2. FLOW CYTOMETRY	_____	9. GC PLATES (BAGS, PILLS, SWABS)	_____
3. VIRAL CULTURE KIT's	_____	10. MISCELLANEOUS URINE CUPS	_____
4. SPUTUM (T B CULTURE)	_____	11. RED TOP TUBES	_____
5. VIRAL LOAD KIT's	_____	12. LAVENDER TUBES	_____
6. GENO TYPING KITS	_____	13. BLOOD CULTURE	_____
7. RFFIT COLLECTION KITS	_____	14. ENTERIC PATHOGEN MEDIA	_____
		(PARA PAK C&S)	
		15. INTESTINAL PARASITE MEDIA	_____
		(PARA PAK ECO, O&P)	
		16. CHLAMYDIA CELL CULTURE MEDIA	_____
		17. STUART'S TRANSPORT MEDIA	_____
		18. AMIES TRANSPORT MEDIA	_____

CHLAMYDIA/GC NAAT KIT

FEMALE SWAB KIT _____
 MALE SWAB KIT _____
 RECTAL COLLECTION SWAB KIT _____

FORMS

URINE CUPS, CAPS, TUBES, PIPETTES	_____	1. INFECTIOUS AGENTS/CULTURE/DETECTION- 4676DHMH	_____
URINE CUPS ONLY	_____	2. SEROLOGICAL TESTING-DHMH-4677	_____
TUBES	_____	3. ENVIRONMENTAL FORM DHMH# _____	_____
PIPETTES	_____	4. FLOW CYTOMETRY- DHMH-4393	_____
CAPS	_____	5. VIRAL LOAD- DHMH-4393-A	_____
		6. OTHER _____	_____
		7. OTHER _____	_____