

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 WEST PRESTON STREET, BALTIMORE MD 21201**

Requisition for Specimen Assemblies

Person Ordering: _____ Date: _____

Name of Institution: _____ Phone: _____

Address: _____

KITS

BULK

- 1. PINWORM SLIDES..... _____
- 2. GASTRIC (TB CULTURE) - CALL TB LAB..... 76128
- 3. CHLAMYDIA MEDIA / 53 INNER - CONT..... _____
- 4. LEPTOSPIRA CULTURE / 53 INNER - CONT..... _____
- 5. T CELL KITS..... _____
- 6. VIRAL CULTURE MEDIA / 53 INNER - CONT..... _____
- 7. SPUTUM (TB CULTURE)..... _____
- 8. THROAT CULTURE / 53 INNER CONT..... _____
- 9. VIRAL LOAD KITS..... _____
- 10. MYCOPLASMA/UREA PLASMA CULTURE..... _____
- 11. CHLAMYDIA MEDIA _____

- 12. BIOHAZARD BAGS..... _____
- 13. AMIES MEDIA..... _____
- 14. GC PLATES..... _____
- 15. MISCELLANEOUS URINE CUPS..... _____
- 16. RED TOP TUBES..... _____
- 17. LAVENDER TUBES..... _____
- 18. BLOOD CULTURE..... _____
- 19. ENTERIC PATHOGEN MEDIA..... _____
- 20. INTESTINAL PARASITE MEDIA... _____
- 21. VIRAL CULTURE MEDIA..... _____
- 22. STUART'S TRANSPORT MEDIA... _____
- 23 .MICROTAINER TUBES... _____
- 24. STUART'S TRANSPORT MEDIA... _____
- 25. MICROTAINER TUBES...(_____

CHLAMYDIA / NAAT TESTING KITS
FEMALE SWAB _____
MALE SWAB _____
URINE CUPS _____

FORMS

- 1. Infection Agents: Culture / Detection DHMH - 4676.....
- 2. Serological Testing DHMH - 4677.....
- 3. Retrovirus DHMH 211.....
- 4. Flow Cytometry / Lymphocyte Phenotyping DHMH 4393.....
- 5. HIV - 1 RNA Viral Load Assay (bDNA) DHMH 4363 - A.....

FOR INFORMATION REGARDING OUTFIT ASSEMBLIES, PHONE: (410) 767-6120 FAX: (410) 333-5019
 PLEASE FAX COMPLETED FORM TO (410)333-5019.