



Date: _____ Agency Name: _____
(no abbreviations)

Provider Code: _____ Contact Name: _____
(only one code per form)

Grant/Program Name: _____ Agency Address: _____
(no abbreviations)

Phone: _____ Ext. _____ City: _____

Fax: _____ Zip Code: _____

Region: _____ e-mail: _____

Indicate the quantity required. Adjustments may be made based on supply availability.

<p>Qty. SYPHILIS / HIV / HCV</p> <p>_____ Blood Collection Tubes</p> <p>_____ Sure Check HIV Accessory kit</p> <p>_____ Sure Check Rapid HIV Controls</p> <p>_____ Sure Check Rapid HIV Devices "test kits"</p> <p>_____ Lancets for Determine</p> <p>_____ Determine HIV Controls</p> <p>_____ Determine 4th Generation HIV Devices "test kits"</p> <p>_____ OraSure HCV Devices "test kits"</p> <p>_____ OraSure HCV Controls</p> <p>_____ Insti HIV/HIV-2 Ab/Ag test kit</p> <p>_____ Insti HIV/HIV-2 Control</p> <p>Qty. GONORRHEA/CHLAMYDIA</p> <p>_____ Aptima Multi-Test (vaginal, throat, rectal)</p> <p>_____ Aptima Uni-Sex (endocervical)</p> <p>_____ Aptima Urine collection kit(male and female)</p>	<p>Qty. BLOOD LEAD</p> <p>_____ "Exempt Human Specimen" Labels</p> <p>_____ Alcohol wipes (box of 200)</p> <p>_____ Lancets (box of 200)</p> <p>_____ Gauze (box of 100)</p> <p>_____ Capillary collection tubes (box of 100)</p> <p>_____ Blood collection tubes</p> <p>Qty. SUBMISSION FORMS</p> <p>_____ Blood Lead form</p> <p>_____ Communicable Disease form</p> <p>_____ Influenza form</p> <p>_____ STD/HIV form with barcodes</p> <p>Qty. NEWBORN SCREENING</p> <p>_____ Newborn Screening blood spot cards</p> <p>_____ UPS Next Day Air IDPH Chicago Laboratory labels</p>	<p>Qty. MAILING SUPPLIES</p> <p>_____ 95 kPa Biohazard bags</p> <p>_____ 2 x 8 zip lock plastic bag (100 each)</p> <p>_____ Shipping boxes (room temp)</p> <p>_____ Shipping boxes <i>with</i> Styrofoam cooler</p> <p>_____ Ice Packs</p> <p>_____ UN3373 labels</p> <p>Qty. UPS RETURN SERVICE LABELS *</p> <p>_____ Carbondale Laboratory</p> <p>_____ Chicago Laboratory</p> <p>_____ Springfield Laboratory</p> <p>Qty. Other</p> <p>_____ Cary-Blair swabs</p> <p>_____ Cary-Blair vials</p> <p>_____ Influenza kits (10 patients)</p> <p>_____ Measles kit (1 patient)</p> <p>_____ Mumps kit (1 patient)</p> <p>_____ Mycobacteriology Tubes (TB)</p> <p>_____ Norovirus Kit (NLV) (1 patient)</p>
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[All COVID-19 Supplies MUST be ordered electronically \(click-able\)](#)

*** UPS Return Service Labels are only provided for certain tests. Please include provider code or program name.**

For HIV/HCV Testing Supply Orders ONLY:

HIV/HCV Testing Supply Orders must be e-mailed to IDPH HIV Prevention and NOT the Lab Directly.

e-mail TO: dph.preventionhelp@illinois.gov

For all other (non HIV/HCV) Supplies:

Fax the completed form to the IDPH Springfield Lab:

Illinois Department of Public Health

Division of Laboratories

825 N. Rutledge St.

Springfield, IL 62702

217-782-6562 (phone) **FAX TO: 217-558-3476**

IDPH LABORATORY USE ONLY:	Date Filled:	Filled By:
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