

SUPPLY ORDER FORM

SPUTUM / TB

Please fax this form to the Bureau of Laboratories: FAX #: **610-594-9893**.

Include: your agency name, delivery address (Street Address, NO Post Office Box #'s) and phone number below.

You will be contacted if there will be a delay in your shipment.

Item	Quantity Requested	Quantity Sent
Sputum Kits*		
Shipping Box w/Ice Pack ONLY (Additional Supply Only)		
Shipping Labels (Additional Supply Only)		
Shipping Labels – USPS (Additional Supply Only)		
Tubes, Conical - 50 mL (Additional Supply Only)		
Lab Submission Forms (Additional Supply Only)		
Biohazard Bags w/ Absorbent Sheet (Additional Supply Only)		

*Kit includes: Shipping Box w/shipping labels, (3) Zip Lock Biohazard Bag, (3) Absorbent Sheets, Ice Pack, (3) 50 mL Tubes, (3) Lab submission forms w/bag, instructions.

Agency Name: _____

Delivery Address: _____

Contact Person:

Name: _____

Phone #: _____

E-Mail: _____

BOL Lab Use Only

Date Mailed: _____ Carrier: _____ Entered Shipment: _____ Initials: _____

Quick Courier: _____ USPS: _____