



SUPPLY ORDER FORM

Please email this form to the Bureau of Laboratories

Email: BOL-ADMIN@pa.gov

Include: your name of agency, mailing address and phone number below.

(Street Address, NO Post Office Box #'s)

Item	Quantity Requested	Quantity Sent (BOL Use)
Shipping Box w/Cold Pack ONLY		
Bacterial Swab collection		
Lab Submission Forms Click on link for preferred e-copy		
Biohazard Bags		

Agency Name: _____

Delivery Address: _____
(No PO Box #'s)

Contact Person: _____

Name: _____ Phone #: _____

E-Mail _____

BOL Lab Use Only

Date Mailed: _____ Carrier: _____ Initials: _____