

MICROBIOLOGY SPECIMEN KIT REQUISITION FORM

REQUEST FROM:			
NAME OF FACILITY			
MAILING ADDRESS	CITY	STATE	ZIP
NAME OF PERSON REQUESTING KITS		TITLE	
PHONE NUMBER		DATE	

MAILING KIT	QUANTITY	
	ORDERED	SENT
Stool (Fecal) Culture -- CARY BLAIR <u>USE:</u> For screening stool specimens for the presence of enteric bacteria SUPPLIED IN QUANTITIES OF TEN (10) PER BOX		
Parasitology -- 10% FORMALIN <u>USE:</u> For screening stool FOR PRESENCE OF PARASITES SUPPLIED IN QUANTITIES OF TEN (10) PER BOX		
Pinworm <u>USE:</u> For screening cellulose tape mounts for the presence of pinworms or pinworm eggs EACH		
Mycobacteriology (TB) <u>USE:</u> For screening clinical specimens for the presence of Mycobacterium tuberculosis SUPPLIED IN QUANTITIES OF TEN (10) PER BOX		
Pertussis -- REGAN – LOWE <u>USE:</u> For screening nasopharyngeal swabs for the presence of Bordetella pertussis EACH		
Norovirus *** <u>USE:</u> For screening stool specimens for the presence of Noroviruses ***Collection kits for Norovirus testing REQUIRE prior consultation and approval of Section supervisor. Please contact the number below.		

ADDITIONAL SUPPLIES		
Mycobacteriology (TB) Inner bag kits, each kit includes clear plastic bag (1) and white Tyvek bag (1)		

NOTE: Most kits contain specimen collection vial/tube, absorbent sheet, zippered plastic bag, inner and outer mailer, and test request form.

CONTACT INFORMATION	
Microbiology Section	2602
TB Unit	2621
Molecular Unit	2141
Microbiology Supervisor	2610
Container Room	2204

Order Filled By: _____
Order Shipped By: _____
Date: _____