

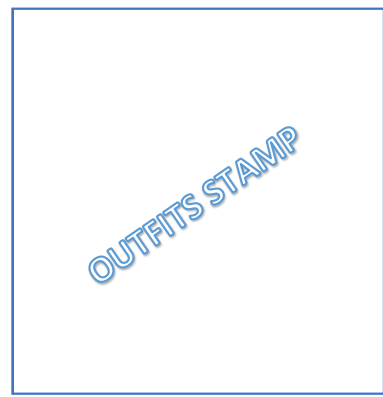


MARYLAND DEPARTMENT OF HEALTH

LABORATORIES ADMINISTRATION
 1770 ASHALND AVENUE BALTIMORE, MD 21205
 PHONE: 443-681-3776 or 443-681-3777
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mdhlabs.outfits@maryland.gov

PLEASE FAX OR E-MAIL SUPPLY REQUEST



Please Select One

Pick Up: yes no

Date: _____ Time: _____

Fed-Ex Delivery: yes no

Outfit Supply Requisition

Submitter (Person's Name): _____ **Date:** _____

Name of Facility: _____ **Phone:** _____

Email Address: _____

Address: _____

City/State: _____ **Zip Code:** _____

<u>KITS</u>	<u>QUANTITY</u>	<u>COMPONENTS</u>	<u>QUANTITY</u>
1. PINWORM SLIDES	_____	8. SPECIMEN BIOHAZARD BAGS	_____
2. FLOW CYTOMETRY	_____	9. GC PLATES ___ swabs ___ pills ___ bags	_____
3. VIRAL CULTURE	_____	10. MISCELLANEOUS URINE CUPS	_____
___ A. Herpes _____ qty.		11. RED TOP TUBES	___single___ pack (100)
___ B. Flu _____ qty.		12. BLOOD CULTURE	_____
4. SPUTUM (TB CULTURE)	_____	13. ENTERIC PATHOGEN MEDIA	_____
5. VIRAL LOAD KIT	_____	14. INTESTINAL PARASITE MEDIA	_____
6. GENO TYPING KIT	_____	15. CHLAMYDIA CELL CULTURE MEDIA	_____
7. RFFIT COLLECTION KIT	_____	16. STUART'S TRANSPORT MEDIA	_____
		17. AIMES TRANSPORT MEDIA	_____

CHLAMYDIA/ GONORRHEA NAAT

Multi-Test Collection Kit ___ BOX (50) or ___ single

UNISEX SWAB KIT ___ BOX (50) or ___single

URINE KIT ___ BOX (50) or ___single

URINE CUPS ___ BAG (100) or ___single

NOTES

**FORMS
100 PER PACK**

- 1. INFECTIOUS AGENTS/ CULTURE/ DETECTION MDH 4676 _____
- 2. SEROLOGICAL TESTING MDH 4677 _____
- 3. ENVIRONMENTAL FORM MDH# _____
- 4. FLOW CYTOMETRY MDH #4393 _____
- 5. VIRAL LOAD MDH 4393-A _____
- 6. OTHER _____