



**Local # (608) 224-4275
Toll Free # 800-862-1088
Fax # 844-390-6233**

Revised March 2021

TEST REQUEST SHEET AND KIT ORDER FORM

DATE: _____

AGENCY NAME: _____ AGENCY #: _____
SHIPPING ADDRESS: _____

BILL TO# _____
PHONE # _____

CONTACT PERSON

Complete Kit	*Bulk	Container or Media Only	Kit Name/Number	Complete Kit	*Bulk	Container or Media Only	Kit Name/Number
			#3 Ova and Parasites				#22A HIV Blood Kit w/SST tube
							#22A HIV Blood Kit w/EDTA tube
			#8 TB Sputum				#22H Hepatitis C PCR
			#9 Newborn Screening Envelope				
			#213 Newborn Screening Card				#27 Chlamydia/GC/Trich-Urine-Aptima (YELLOW)
							#29 Chlamydia/GC/Trich - Multitest Swab-Aptima (ORANGE)
			#10 Stool Culture				#29E Chlamydia/GC/Trich - Endocervical Swab - Aptima (WHITE)
			#12 Cytology Body Fluid/ Non GYN				
			#13 Gastric TB				
			#16TP Thin Prep Pap Kit				#30 Pertussis (Bordetella)
			#16TP Thin Prep Kit With Broom				#51 Rabies Shipper
			#18 Virus PCR				#51S Rabies Shipper Small
			#22 Serology				#53 Cat-A Shipper (Compac)

Bulk - kits without mailers/labels/sleeves Container/Media only - no mailers, bags, or absorbents

MISCELLANEOUS

- _____ ABS (Absorbent)
- _____ BB (Biohazard bags 4"X6")
- _____ LBB (Large bio bag 5"X9")
- _____ PB (Pressure bag: 95kPa, for liquid specimens only)
- _____ KOOL (Small kool-it 4"X2")
- _____ LKOOL (Large kool-it 4"X4")
- _____ VL5 (5 ml vials)
- _____ EDTA (purple-top, 10mL)
- _____ SST (serum separator tube- 8.5mL)
- _____ 30SO (Flocked Swab)

MAILERS AND LABELS

- _____ MRS (small mailer) (2.5"x7"x2.5")
- _____ MRM (medium mailer) (3"x5.75"x3.5")
- _____ MRL (large mailer) (3.5"x7.5"x3.5")
- _____ MRX (extra-large mailer (5"x7"x4")
- _____ MRV (virus mailer) (11"x9.5"x11") (with Koolit)
- _____ ML (Mailing labels w/WSLH address)
- _____ UN3373 (Category B label)

TEST REQUISITION FORMS

- _____ 111 (Biochemical Genetics)

CYTOGENETICS FORMS:

- _____ 131 (Genetic Diagnosis)
- _____ 132 (Neoplasia Diagnosis)
- _____ 133 (Prenatal)
- _____ 134 (Infectious Disease)

CYTOLOGY FORM:

- _____ 141 (Cytology)

CDD FORMS:

- _____ SARS-CoV-2 (Covid-19)
- _____ 3280 (WI Family Planning Chlam/GC) *****FP account #'s only*****
- _____ 4105 (CDD-A)
- _____ 4104 (CDD-B)
- _____ 4110 (Rabies)
- _____ Supplies Order Form