

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

## **Revised September 2025**

| TEST REQUEST SHEET AND KIT ORDER FORM | Fax # 844-390-6233 | DATE: |
|---------------------------------------|--------------------|-------|
| <del>-</del>                          |                    | ·     |

| AGENCY NAME:SHIPPING<br>ADDRESS:  |              |  | AGENCY #:  |                  | I        | BILL TO#  |  |
|---|--------------|--|--|------------------|----------|---|--|
|   |              |  |  | i                | PHONE #  |   |  |
|   |              |  | 1  | (                | CONTACT  | PERSON_   |  |
| Complete<br>Kit   | *Bulk        | Container<br>or Media<br>Only  | Kit Name/Number  | Complete<br>Kit  | *Bulk    | Container<br>or Media<br>Only   | Kit Name/Number  |
|   |              |  |  |                  |          |   | #22A HIV Blood Kit w/SST tube                                      |
|   |              |  |  |                  |          |   | #22P 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-<br>Aptima (YELLOW)                   |
|   |              |  |  |                  |          |   | #29 Chlamydia/GC/Trich -<br>Multitest Swab-Aptima<br>(ORANGE)      |
|   |              |  | #10 Stool Culture  |                  |          |   | #29E Chlamydia/GC/Trich –<br>Endocervical Swab – Aptima<br>(WHITE) |
|   |              |  | #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 wit  | hout mailers | s/labels/slee  | ves Container/Media only – no maile  | ers, bags, or ab | sorbents |   |  |
| 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- |              | pags 4"X6")<br>bag 5"X9")<br>bag: 95kPa,<br>nens only)<br>bol-it 4"X2")<br>ool-it 4"X4") | 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) |                  | with     | TEST REQUISITION FORMS  CYTOGENETICS FORMS:131 (Genetic Diagnosis)132 (Neoplasia Diagnosis)  CYTOLOGY FORM:141 (Cytology)  CDD FORMS:3280 (WI Family Planning Chlam/GC) |  |

WSLH TEST DIRECTORY AVAILABLE ON OUR WEBSITE:

30SO (Flocked Swab)

https://www.slh.wisc.edu/wslhApps/Ref Man/wslhSearch.php \_\_\_\_\_ Supplies Order Form

\_4110 (Rabies)

CDD General Requisition Form