



**Nashville Central Laboratory
Tennessee Department of Health
Division of Laboratory Services
Laboratory Supplies Requisition**

Requesting Facility Ship to Address (Print or Type)

Facility Name:

Address:

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

Contact Person: _____ **Phone: ()** _____

E-mail Address: _____ **Fax Number: ()** _____

Supplies Requested	UOM	QTY	Supplies Requested	UOM	QTY
Chlamydia/Gonorrhea (Gen-Probe) Unisex Kit	50/Bx		Gonorrhea Culture Media (In-Tray)	Ea	
Chlamydia/Gonorrhea (Gen-Probe) Urine Kit	50/Bx		Newborn Screening Request Form (PH-1582)	100/Pk	
Chlamydia/Gonorrhea (Gen-Probe) Multi-test Kit	50/Bx		Mailing cans, Medium (holds 1-3 tubes)	20/Bx	
Foodborne Outbreak Stool Collection Kit	Ea		Mailing cans, Large (holds 3-6 tubes)	20/Bx	
Parasites (O&P) Specimen Kit	Ea		Courier Labels – NASHVILLE (RED)	50/Pk	
Herpes/Viral Specimen Kit	Ea		Courier Labels – MEMPHIS (BLUE)	50/Pk	
Pertussis (Bordetella) Specimen Kit	Ea		Courier Labels – KNOXVILLE (GREEN)	50/Pk	
TB Specimen Kit	50/Bx		Labels – Keep Refrigerated	Pk	
Vacutainer tubes (6 ml draw)	100/Pk		Cold Packs	Ea	
Serum Separator Tubes (SST)	100/Pk		Other (Please Specify)	Ea	
Quantiferon Gold Plus Collection Tubes	Set		Other (Please Specify)	Ea	

Ordering Reminders

- Order only what you can use in one month
- Submit order one week in advance of need
- Please be mindful to check expiration dates
- Questions, please call (615) 262-6391

WAYS TO ORDER

1. FAX: (615) 262-6455
2. Email: DCLAB.supply@tn.gov
3. Mail to: Tennessee Department of Health
Division of Laboratory Services
630 Hart Lane
Nashville, Tennessee 37243

For Laboratory Use Only

RECEIVED _____ Date FILLED _____ Date INITIALS _____ Date SHIPPED _____ Date