



**Division of Laboratory Services  
Knoxville Regional Laboratory  
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		TB Specimen Kit	Ea	
Chlamydia/Gonorrhea (Gen-Probe) Urine Kit	50/Bx		Gonorrhea Culture Media (In-Tray)	Ea	
Chlamydia/Gonorrhea (Gen-Probe) Multi-test Kit	50/Bx		Vacutainer tubes (6 ml draw)	100/Pk	
Foodborne Outbreak Stool Collection Kit	Ea		Serum Separator Tubes (SST)	100/Pk	
Parasites (O&P) Specimen Kit	Ea		Newborn Screening Request Form (PH-1582)	100/Pk	
Herpes/Viral Specimen Kit	Ea		Mailing cans	Ea	
Viral Transport Media (1.5ml/tube)	Ea		Courier Labels – NASHVILLE (RED)	50/Pk	
Pertussis (Bordetella) Specimen Kit	Ea		Courier Labels – KNOXVILLE (GREEN)	50/Pk	
Reagan-Lowe Media (Pertussis Only)	2/Pk		Other (Please Specify)	Ea	

**Ordering Reminders**

- Order only what you will use in one month
- Submit order one week in advance of need
- Please be mindful to check expiration dates
- Replacement media is available for expired media in complete kits
- Questions, please call (865) 549-5201

**Ways to Order**

1. Fax: (865) 594-5199
2. Mail: Division of Laboratory Services  
Knoxville Regional Laboratory  
2101 Medical Center Way  
Knoxville, Tennessee 37920

**For Laboratory Use Only**

RECEIVED \_\_\_\_\_ Date      FILLED \_\_\_\_\_ Date      INITIALS \_\_\_\_\_ Date      SHIPPED \_\_\_\_\_ Date