



Department of Health and Human Services  
 Health and Environmental Testing Laboratory  
 221 State Street  
 # 12 State House Station  
 Augusta, Maine 04333-0012  
 Tel: (207) 287-2727; Fax: (207) 287-8925  
 TTY: 1-800-606-0215

**Send Order via**  
 Fax 207-287-8925  
 Phone: 207-287-8014

**REQUEST FOR MICRO SUPPLIES**

Ship To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Request: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Purchase Order#: \_\_\_\_\_

**APTIMA (CT/GC)**

- \_\_\_\_\_ Complete Outfit-Swab (KAPTS)
- \_\_\_\_\_ Complete Outfit-Urine (KAPTU)
- \_\_\_\_\_ Complete Outfit-Vaginal/Multi-Use (KAPTV)
- \_\_\_\_\_ Swab Collectors Only (KAPTCS)
- \_\_\_\_\_ Urine Collectors Only (KAPTCU)
- \_\_\_\_\_ Vaginal/Multi-Use Collectors Only (KAPTCV)

- \_\_\_\_\_ Complete Outfit Quantiferon TB Gold (KIGRA)  
 (Contains collection tubes, incubation card, requisitions,  
 and shipping supplies)
- \_\_\_\_\_ Quantiferon TB Gold Tubes Only

**PERTUSSIS KIT**

- \_\_\_\_\_ Complete PCR kit (KPCRBP)  
 Contains 15mL conical tube with purple cap, nasopharyngeal  
 (NP) swab, requisition, and shipping supplies
- \_\_\_\_\_ 15mL Conical Tube Only KDRYTUBE)
- NP swab Only (KNASO) - Enter amount below
- \_\_\_\_\_ Adult NP    **or**    \_\_\_\_\_ Pediatric NP

**TB SPUTUM OR MYCOLOGY CULTURE**

- \_\_\_\_\_ Complete Outfit (TB) (KAFB)
- \_\_\_\_\_ Complete Outfit -Mycology (KM CU)
- \_\_\_\_\_ Plastic Conical Tubes Only (KTUB)
- \_\_\_\_\_ Prepaid TB Mailing Labels Only (KMAIL)
- \_\_\_\_\_ Biological Substance Category B Stickers (UN3373)

**MISCELLANEOUS SEROLOGY**

- \_\_\_\_\_ Vacutainer tubes Only (KVTO)
- \_\_\_\_\_ Complete Outfit (KMISC)  
 (Contains vacutainer tubes, requisitions, and shipping supplies)
- \_\_\_\_\_ RPR Antigen-3mL vial (RPR/A)
- \_\_\_\_\_ RPR Control Cards (10/pkg) (RPRCC)
- \_\_\_\_\_ RPR Circle Cards-50/pkg (RPRCI)

**MISCELLANEOUS SHIPPING SUPPLIES**

- \_\_\_\_\_ Boxes (LB)
- \_\_\_\_\_ Aquipak (LAP)
- \_\_\_\_\_ Plastic Canister (LPC)
- \_\_\_\_\_ HETL Mailing Label-Not Prepaid (LMLO)
- \_\_\_\_\_ Biohazard Bag (LBB)
- \_\_\_\_\_ Bubble Wrap (BWO)
- \_\_\_\_\_ Lab Requisitions

\*\*\*\*\*

**HETL USE ONLY**

Account# \_\_\_\_\_ Invoice# \_\_\_\_\_ Invoice Date: \_\_\_\_\_