

WV DHHR- Office of Laboratory Services

167 11th Avenue

South Charleston, WV 25303

Phone (304)558-3530

FAX (304) 558-2006

Instructions for the "Requisition Form for Specimen Mailing Kits"

NOTE: This is NOT a supply order form!!!!

The latest version of the supply form can be accessed on the OLS website. www.wvdhhr.org/labservices

FROM:	Almost Heaven Health Dept.		
	NAME OF FACILITY		
MAILING ADDRESS:	123 Main St. Joyful, WV	ZIP: 21111	PHONE: 304 558-3530
			Include area code
	Angel Nighthawk	Super Nurse	3/1/09
	NAME	TITLE	DATE

Supplies are provided at no charge to facilities that submit specimens to the Office of Laboratory Services.

Form Instructions:

1. **FROM:** Please print legibly. Complete the form using blue or black ink.
2. **Street Address:** Include the full name and address of your facility. NOTE: **Do not use the initials of your site.**
3. **Phone:** Include area code.
4. **Name and Title:** Include the name of the person responsible for ordering supplies from your facility. This will allow the lab to contact them directly if there is a problem with the order.
5. **Date:** Include the date that the order was placed.
6. **Consolidated Form:**

Facilities should order ONE month of supplies. If more than a 30 day supply is needed contact the Diagnostic Immunology Supervisor for approval.

Syphilis, Rubella, HIV or Hepatitis Testing supplies	Quantity 30 day supply only	
	Number Ordered	Number Sent
Blood Tubes	10	
Needle Hubs (Order enough per patient not per test)	5	
Shipping Canisters with 2 absorbent pads (holds 8 blood tubes)	2	

7. Syphilis, Rubella, HIV or Hepatitis Testing Supplies:

a. Blood Tubes:

- i. Write the requested number of blood tubes in the "Number Ordered" portion of the form.
- ii. OLS provides 8.5mL Tiger Top SST tubes
- iii. Note: OLS requires one blood tube per test when requesting Syphilis, Rubella or HIV test and 2 blood tubes when requesting Hepatitis tests.

b. Needle Hubs:

- i. Write the requested number of needle hubs in the "Number Ordered" portion of the form.
- ii. OLS provides needle hubs to allow clinicians to draw multiple blood tubes but only stick the patient once.
- iii. Facilities should order 1 hub per patient.

c. Shipping Containers:

- i. Write the requested number of shipping containers in the "Number Ordered" portion of the form.
- ii. Each container can hold a maximum of 8 blood tubes and patient forms.
- iii. For more information see the "Collection, Form and Shipping" Instructions located on the OLS website.

8. **CT/GC(Urine) Supplies:**

a. **Urine Collection Device:**

- i. Description- Package containing a yellow tube with transport media and a plastic transfer pipette
- ii. Write the number of urine collection devices requested in the "ORDERED" column.

b. **Urine Cups:**

- i. OLS provides 4.5 oz urine cups, one for each collection device ordered.
- ii. Write the number of urine cups requested in the "ORDERED" column.
- iii. Due to a change in vendors urine lids are no longer ordered separately.

c. **Canister Mailers Includes absorbent material and plastic inner container**

- i. OLS mailers met all current postal regulations.
- ii. Do not place biohazard stickers on the outside container.
- iii. For more information, see the "Urine Instruction" document for more shipping information.
- iv. Write the number of mailers requested in the "ORDERED" column.
- v. NOTE: One absorbent pad should be used for every 4 collection urine devices.

CT/GC (Urine) Supplies	Number Ordered	Number Sent
Collection Devices	25	
Urine Cups with Lids	25	
Shipping Canisters with 2 absorbent pads (holds 8 tubes)	5	
NOTE: Blood and Urine Specimens can be shipped in the same Canisters.		

DI Supervisor Extension	2410
Serology Extension	2405
HIV Extension	2407
Container Room Extension	2204

9. **Contact Information for OLS:**

- a. *If you have any questions contact the lab at 1-304-558-3530 and the extensions listed here.*

10. **HIV (Oral Fluid)**

- a. An HIV Oral Fluid collection kit consists of 4 collection devices, 1 form, 4 plastic bags, 2 absorbent pads and 1 mailing container.
- b. Write the requested number of shipping containers in the "Number Ordered" portion of the form.
- c. **NOTE: Oral Fluid Kits are limited to 28 devices (7 kits) per order unless pre-authorized.**
- d. Write the name of the person that authorized the additional supplies on the form.

HIV(Oral Fluid) 1 kit = 4 collection devices, 1 form, 4 plastic bags, 2 absorbent pads, 1 mailing container	8	
HIV (Oral Fluid) Kits are limited to 7 kits (28 devices) per order unless pre-authorized. <i>Upcoming Outreach</i>		
NOTE: Additional supplies must be pre-authorized- note the name of the OLS individual below.		
Authorized by: <i>DI Supervisor - 07/01/09</i>		

11. **Additional Supplies:**

a. **Specimen Submission Form:**

- i. Only one copy of the patient submission form will be sent with each order.
- ii. Facilities should fill in the "Submitter Information" Section of the form and then make copies of the form.
- iii. See the Submitter form documents for more information.
- iv. ALL forms and instructions sheets can be accessed at www.wvdhhr.org/labservices

b. **UPS Labels(pre-approved sites only)**

- i. UPS labels are only available for preapproved sites. Any questions about this should be directed to the Diagnostic Immunology Supervisor.

Additional Supplies	Number Ordered	Number Sent
Specimen Submission Forms		1
UPS Labels (pre-approved sites only)		
1 lb		