

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE OF LABORATORY SERVICES  
 167 11TH Avenue, South Charleston, WV 25303  
 Phone (304) 558-3530 - FAX 558-2006

## REQUISITION FORM FOR ARBOVIRUS SEROLOGY MAILING KITS

FROM: \_\_\_\_\_  
 (Health Department or Other Authorized Agency)

Complete Address

Address: \_\_\_\_\_

Person Ordering (+) Title: \_\_\_\_\_ PHONE # \_\_\_\_\_ Ext \_\_\_\_\_

Date: \_\_\_\_\_

Please send the specimen mailers and forms indicated which we believe will be sufficient for, but not in excess of, our needs for ONE MONTH. These are for our department use only and/or physicians aiding us in testing for antibodies to West Nile virus.

| ARBOVIRUS SEROLOGY SPECIMEN KITS        |     |      |             | NUMBER         |       |
|---|-----|------|-------------|----------------|-------|
|   |     |      |             | ORDER          | SENT  |
| SPECIMEN COLLECTION KIT .....           |     |      |             | _____          | _____ |
| HISTORY FORMS .....                     |     |      |             | _____          | _____ |
| PLASTIC ZIP-LOCK BAGS .....             |     |      |             | _____          | _____ |
| STYROFOAM MAILERS AND SLEEVES .....     |     |      |             | _____          | _____ |
| STYROFOAM MAILERS WITHOUT SLEEVES ..... |     |      |             | _____          | _____ |
| ABSORBENT MATERIAL .....                |     |      |             | _____          | _____ |
| Lab Use Only                            |     |      |             |                |       |
| Date Shipped                            | UPS | Mail | Who Sent It | How Many Boxes |       |
|   |     |      |             |                |       |