Submit Order by Email

Print Form

IDAHO BUREAU OF LABORATORIES SUPPLY REQUEST

Please complete ALL information legibly

EMAIL TO: IBLSUPORD@dhw.idaho.gov

OR

FAX TO: 208-334-4067 ATTENTION: SHIPPING AND RECEIVING

The Idaho Bureau of Laboratories (IBL) provides selected supplies at no cost, with the understanding that the supplies will be used for submitting samples to the IBL for testing.

ITEM(S) REQUESTED	COST FOR ITEM OR KIT (NOT TESTING COST)	QUANTITY REQUESTED	QUANTITY SENT	TOTAL CHARGE
IDEXX BOTTLES	No Cost			No Cost
CUBITAINERS	No Cost			No Cost
NALGENE BOTTLES	No Cost			No Cost
GC PLATES	No Cost			No Cost
HERPES KITS	No Cost			No Cost
APTIMA UNISEX KITS	No Cost			No Cost
APTIMA URINE KITS	No Cost			No Cost
INFLUENZA VIRUS KITS	No Cost			No Cost
B. PERTUSSIS KITS	No Cost			No Cost
TB KITS	No Cost			No Cost
QuantiFERON®-TB GOLD TUBES (Nil, TB Antigen, and Mitogen) *	**$9.00 PER KIT * (One kit includes 3 tubes)**			
OTHER:				
			TOTAL COST	

*The Idaho Bureau of Laboratories will be invoicing entities for orders of QuantiFERON®-TB Gold Tubes (Nil, TB Antigen, and Mitogen). This supply cost does not include the testing fee. An invoice will be sent to the "Ship to" entity, after the tubes have been shipped. Please do not pay for the tubes until an invoice has been received.

SHIPPING INFORMATION

Date _____

Person requesting supplies _____Phone # _____

Ship to: Name: _____

Agency Name: _____

Address: _____

_____

Phone Number: _____

IBL INTERNAL USE ONLY

Section/PCA: _____ **Date Request Received:** _____

Date Shipped: _____ **Shipper Used:** _____

Certified by IBL Employee: _____ **Date:** _____

Courier Signature: _____ **Date:** _____