IDAHO BUREAU OF LABORATORIES SUPPLY REQUEST FORM

Please complete all information legibly.

E-mail form to: IBLSUPORD@dhw.idaho.gov **or**
Fax form to: 208-334-4765 Attn: Shipping and Receiving **or**
Order supplies online at: www.statelab.idaho.gov, home page

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

CLINICAL TESTING (Unit of Measure = Each)	QUANTITY REQUESTED	QUANTITY SENT
***B. Pertussis* Kit**		
Influenza Virus Kit		
Generic Outbreak Virus Kit (VTM/SWABS)		
Para-Pak, C&S		
Para-Pak, O&P		
TB Kit		
Other: _____		

WATER TESTING (Unit of Measure = Each)	QUANTITY REQUESTED	QUANTITY SENT
Total Coliform Bottle		
1 L Chemistry Bottle (34 oz.)		
500 mL Chemistry Bottle (16 oz.)		
250 mL Sterile Nalgene Bottle (8 oz.)		
250 mL Chemistry Bottle (8 oz.)		
125 mL Chemistry Bottle (4 oz.)		
Other: _____		

PLEASE COMPLETE THE SHIPPING INFORMATION BELOW

Date: _____

Person Requesting Supplies: _____ **Phone Number:** _____

Ship to: **Name** _____

Agency Name _____

Address _____

City, State, Zip Code _____

Requested Supplies to be Sent Via: (Check One Box only)

☐ Mail ☐ Courier:* _____ *(Name of Courier)* ☐ Pick up at IBL: _____ *(Date)*

☐ Other: _____ *(Please specify)*

*Supplies sent with a requested courier are at the cost of the entity requesting supplies.

IBL INTERNAL USE ONLY

Section/PCA_____ **Date Request Received**_____ **Date Shipped**_____

Shipper Used_____ **Certified by IBL Employee**_____ **Date**_____

Tracking Label:

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Revised: 04/04/2017