# *COMMONWEALTH of VIRGINIA*
## DEPARTMENT OF GENERAL SERVICES
## DIVISION OF CONSOLIDATED LABORATORY SERVICES

### DCLS SAMPLE KIT REQUEST FORM

**PHONE: (804) 648-4480 EXT. 103 FAX: (804) 225-4070**

| | |
|---|---|
| **CLIENT ACCT. NO:** | |
| **SHIP TO:** | |
| **STREET ADDRESS** | |
| **CITY/ZIP** | |
| **TELEPHONE** | [ ] EXT: |
| **COORDINATOR** | DATE OF ORDER: / / |

| **CLINICAL BLOOD SAMPLE KITS:** | **QUAN #5** |
|---|---|
| **Blood Group/Rh** | _____ |
| **Blood Lead** | _____ |
| **Chlamydia/GC (female)** | _____ |
| **Chlamydia/GC (male)** | _____ |
| **Hepatitis** | _____ |
| **HIV** | _____ |
| **Lyme Disease** | _____ |
| **Rubella Screen** | _____ |
| **Sickle Cell [Adult]** | _____ |
| **Syphilis Serology** | _____ |
| **Virology/Immunology** | _____ |

| **STOOL KITS:** | **QUAN** |
|---|---|
| **Enteric Bacteriology** | _____ |
| **Enterobiasis [Pinworm] (see reverse side)** | _____ |
| **Intestinal Parasites** | _____ |
| **Special Parasitology-PVA** | _____ |

| **FUNGAL/MYCOBACTERIA KITS:** | **QUAN** |
|---|---|
| **TB SPUTUM** | _____ |

| **REFERENCE REQUEST: Identification/Confirmation** | **QUAN** |
|---|---|
| **Reference Request** | _____ |

| **IMMUNOLOGY - VIRAL:** | **QUAN** |
|---|---|
| Rabies Form [DGS-22-173] Animal Head | _____ |

| **GONOCOCCUS KIT: ** Special Circumstances** | **QUAN** |
|---|---|
| Jembec Plates, Forms, Mailers | _____ |

**** if already approved by State Health Dept's STD program**

| **IMMUNOLOGY - VIRAL KIT:** | **QUAN** |
|---|---|
| **Viral Isolation (for Influenza and Herpes)** | _____ |
| **Inluenza Kit - Serology only** | _____ |

**[DGS-22-195 REV. 04-2003]**

**BLOOD LEAD #5:**
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**BLOOD GROUP/RH #5:**
5 BLOOD GROUP/RH FORMS [DGS-22-053]
1 LARGE BIOOHAZARD ZIPLOC BAG
5 SMAL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**CHLAMYDIA #5:**
5 CHLAMYDIA FORMS [DGS-22-190]
5 ANTIGEN TRANSPORT TUBE (SWAB)
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**ENTEROBIASIS (PINWORM**
1 FORM
1 MAILING SLEEVE W/BIOHAZARD STICKER
1 BUBBLEWRAP SHEET
1 8x10 BIOHAZARD BAG, SEALABLE
1 DCLS RETURN ADDRESS LABEL
1 PINWORM INSTRUCTIONS
1 SLIDE HOLDER (**slide not provided**)

**ENTERIC BACTERIOLOGY**
1 ENTERIC BACT. FORM [DGS-22-205]
1 CARY BLAIR MEDIUM
1 BIOHAZARD ZIPLOC BAG
1 BIOHAZARD SLEEVE
ABSORBENT PAD

**GONORRHEA CULTURE:**
10 JEMBEC PLATES WITH TABLETS/BAGS
10 GONORRHEA FORMS [DGS-22-065]
3 STYROFOAM MAILERS
3 BIOHAZARD MAILING SLEEVES

**HEPATITIS #5:**
5 HEPATITIS FORMS [DGS-22-064]
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**HIV-1 #5:**
5 HIV ANTIBODY FORMS [DGS-22-189]
1 LARGE BIOHAZARD ZIPLOC BAGS
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**IMMUNOLOGY #5: VIROLOGY:**
5 VIROLOGY/IMMUN FORMS [DGS-22-147]
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**VIRAL ISOLATION**:
**SEE INSTRUCTIONS**
1 REFERENCE REQUEST FORM & REPORT
1 VIRAL COLLECTION SWAB
1 VIAL OF TRANSPORT BROTH
1 NAME TAG
1 DCLS RETURN ADDRESS LABEL
1 PROTOCOL – FLU/HERPES
1 SMALL POLYFOAM COOLER
1 7" ALUMINUM CONTAINER WITH LID
1 8x10 BIOHAZARD BAG WITH POUCH & ABSORENT PAD
1 ICE PACK

**INTESTINAL PARASITES**
1 INTESTINAL PARASITES FORM DGS-22-203]
1 FORMALIN (MEDIUM)
1 BIOHAZARD ZIPLOC BAG
1 BIOHAZARD MAILING SLEEVE
ABSORBENT PAD

**PARASITOLOGY:PVA**
1 INTESTINAL PARA FORM [DGS-22-203]
1 PVA (MEDIUM)
1 BIOHAZARD ZIPLOC BAG
1 BIOHAZARD MAILING SLEEVE
ABSORBENT PAD

**LYME DISEASE** #5:
5 LYME DISEASE FORMS [DGS-22-063]
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**RABIES [DGS-22-173]**
**[ANIMAL HEAD]**

**REFERENCE**: SLANT/CULTURE FOR IDENT
1 REFERENCE REQ. FORM [DGS-222-164]
1 ALUMINUM INSERT (7 INCHES)
1 BIOHAZARD ZIPLOC BAG
1 BIOHAZARD MAILING SLEEVE
ABSORBENT PAD

**RUBELLA SCREEN #5:**
5 RUBELLA SCREEN FORMS [DGS-22-060]
1 LARGE BIOHAZARD ZIPLOC BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**SICKLE CELL #5:**
5 SICKLE CELL FORMS [DGS-22-056]
1 LARGE BIOHAZARD BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**SYPHILIS #5:**
5 SYPHILIS FORMS [DGS-22-059]
1 LARGE BIOHAZARD BAG
5 SMALL TUBE ZIPLOC BAGS
ABSORBENT PAD (*)

**TB SPUTUM**
1 TB HISTORY FORM [DGS-22-051]
1- 50ML SPUTUM CENTRIFUGE TUBE
1- 1 3/4X 4 3/4 ALUMINUM CONTAINER
COTTON BALL
1 - 2X5 MAILER WITH RETURN ADDRESS

* #5 WITH BUBBLEWRAP AND MAILING SLEEVE ARE PROVIDED TO CUSTOMERS WHO ARE NOT SUPPORTED BY DGS-DCLS COURIER SERVICE.

NOTE: **IF FAXING, FAX TOP SIDE ONLY**

**MAIL TO APPROPRIATE LAB BELOW**:

KIT MANAGEMENT
CUSTOMER SERVICES – RM. **B 70**
DIVISION OF CONSOLIDATED LAB
600 NORTH 5TH STREET
RICHMOND, VA 23219

PHONE: [804] 648-4480 **EXT. 103**
FAX: [804] 225-4070

**SOUTHWEST REGIONAL LAB**
165 EAST VALLEY STREET
ABINGDON, VA 24210

PHONE: [276] 676-5435
FAX: [276] 676-5407