



# Supply Request Form

## Alaska State Public Health Laboratories

### Requestor Information

Facility Name: _____	Contact Name: _____
Mailing Address: _____	Phone Number: _____
_____	Order Date: _____
Please allow 4-5 business days for supplies to arrive. Supplies ordered on-site require up to 72 hours to be filled.	

### Fairbanks Laboratory (ASVL) – Fax request to 907.474.4036

Quantity	<b>Universal or Viral Transport Media</b>
_____	Herpes simplex virus PCR (fees may apply)
_____	Other testing (e.g., respiratory viruses)
_____	<b>Insulated Serum Shippers</b> (Required for HIV and acceptable for all serum tests)
Fairbanks Laboratory Test Request Form: <a href="https://dhss.alaska.gov/dph/Labs/Documents/publications/VirologyTestReq.pdf">https://dhss.alaska.gov/dph/Labs/Documents/publications/VirologyTestReq.pdf</a>	

### Anchorage Laboratory - Fax request to 907.334.2161

Quantity	<b><i>Chlamydia trachomatis/Neisseria gonorrhoeae/Trichomonas vaginalis</i> Collection Kits</b>
_____	***50/box for approved providers only
_____	APTIMA Urine Specimen Collection Kit
_____	APTIMA Unisex Swab Collection Kit (endocervical, urethral, eye)
_____	APTIMA Multitest Swab Collection Kit (vaginal, oral, rectal)
_____	<b><i>Mycobacterium tuberculosis</i></b>
_____	***25/bag
_____	TB Collection (orange-capped tubes) w/ sodium carbonate preservative for SPUTUM
_____	TB Collection tubes WITHOUT preservative
_____	TB Blood Culture Tubes, 10 mL Wampole Isolator (SPS)
_____	<b>Stool Culture and Reportable Enteric Isolates</b>
_____	Enteric Transport Media (ETM) ***For stool cultures
_____	Carey Blair Transport Swabs
_____	*** <i>Campylobacter, Shigella, Salmonella, Escherichia coli</i> O157, <i>Yersinia</i> and <i>Vibrio</i> isolates
_____	<b>Intestinal Parasites</b>
_____	Ova & Parasite Vials (10% Formalin & Zinc PVA)
_____	<b>Category B <u>non-insulated</u> shipping container for infectious substances</b>
Anchorage Laboratory Test Request Form: <a href="https://dhss.alaska.gov/dph/Labs/Documents/publications/AncTestReq.pdf">https://dhss.alaska.gov/dph/Labs/Documents/publications/AncTestReq.pdf</a>	

**Please contact your local EOC for UTM/VTM requests for SARS-CoV-2**  
**ASPHL does not provide blood collection tubes or nasopharyngeal swabs for Pertussis PCR**  
**No additional biohazard bags are provided**

### To Be Filled Out By ASPHL

Phone Order taken by/date: \_\_\_\_\_ Order Filled by/date: \_\_\_\_\_