

IDAHO BUREAU OF LABORATORIES SUPPLY REQUEST FORM

Please complete ALL information legibly

EMAIL FORM TO: IBLSUPORD@dhw.idaho.gov **OR**

FAX FORM TO: 208-334-4067 **ATTENTION: SHIPPING AND RECEIVING OR**

ORDER SUPPLIES ONLINE AT: www.statelab.idaho.gov

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.

CLINICAL TESTING ITEM(S) REQUESTED (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 ITEM(S) REQUESTED (Unit of Measure = Each)	QUANTITY REQUESTED	QUANTITY SENT
TOTAL COLIFORM BOTTLE		
1 LITER 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: Mail Courier:* _____ Pick up at IBL: _____
(Name of Courier) (Date)
(Check One Box only) Other: _____

(Please specify)

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

IBL INTERNAL USE ONLY

Date request received: _____

PCA: _____

Shipper used: _____

Date supplies sent: _____

IBL sender initials: _____

Tracking Label: _____