

ARIZONA STATE PUBLIC HEALTH LABORATORY
250 N. 17th Avenue, Phoenix, AZ 85007-3231

REQUEST FOR MATERIALS

Agency/Code Name _____

Attention to _____ Phone _____

Address _____

City _____ State ____ Zip Code _____

*Enter the number of specimen collection kits, bottles, media, or forms
needed next to the items listed below.*

FORMS	MEDIA/KITS*	MISCELLANEOUS
HIV Form	UTM with Red Tops	Falcon Tubes
Food Analysis	Regan Lowe	Mailers
Water Analysis	Influenza Kits	Baggies
Chemistry Forms	Pertussis Kits	Sputum Vials
Bacti-Water Forms	O & P Kits	
	TB Kits	
	Enteric Kits	
	Cary Blair	

*Limited shelf life – Discard if medium changes characteristics or expires.

NOTE: Mailing containers and sputum vials are expensive and NOT expendable. Please return expired kits.
DO NOT USE property of the State of Arizona for submitting specimens to other laboratories.

Email or fax form only. Thank you!

Fax: (602) 364-0758

Email: labreceiving@azdhs.gov

STATE LABORATORY USE ONLY – DO NOT WRITE BELOW THIS LINE

Date order received _____ Date order shipped _____

Shipped by _____ Expiration date _____