LABORATORY SUPPLY REQUEST
North Dakota Department of Health
Division of Microbiology
SFN 16120 (02-03)

DATE: _____

Phone Number: 701.328.6272
FAX Number: 701.328.6280

Customer Code

Facility					
Address					
City			Zip Code		
Name of Caller			OFFICE USE ONLY		
ITEM REQUESTED	QUANTITY		Call-In Initials	SENT	
	Pkg/Box	Each		No.	Date/Tech
Amies Transports					
Forms HIV Serology Request					
Supply Request					
Test Request Form					
Aptima™ Transports (Chlamydia/Gonorrhea Amplified Probe) - 50/box					
O & P Transports					
Pertussis DNA Probe Transports					
Saboraud Fungus Transports					
Serology Mailer					
TB Containers (Sputum-AFB)					
Urine Transports (Chlamydia/Gonorrhea Amplified Probe)					
Viral Culturettes™					
Water Bottles ☐ Community ☐ Private					
Other					