

# Vermont Department of Health Laboratory – Microbiology Specimen Collection Kit Order Form

Mailing Address: PO Box 1125, Burlington, VT 05402-1125  
 Physical Address: 359 South Park Drive, Colchester VT 05446  
 (802) 338-4724 / (800) 660-9997 in VT only

**Please do not order more than a two month supply of specimen collection kits. Before using specimen collection kits, please be certain no components have expired. Return expired kits to the laboratory (see above address).**

**Orders may be submitted using one of the following options:**

1. Mail: Vermont Department of Health Laboratory (see mailing address above)
2. Fax: 802-338-4706
3. Phone: 802-338-4736 (Kit Ordering direct line) or 1-800-660-9997
4. Email: [AHS.VDHLabKitOrders@vermont.gov](mailto:AHS.VDHLabKitOrders@vermont.gov)

Clinical Laboratory/Practice Information			
Clinical Laboratory/ Practice Name	Send to the Attention of:		
*Address			
City/Town	State	Zip Code	Telephone Number
Comments			

\*Please indicate your shipping address as deliveries will be made by UPS. We are **unable** to ship large orders to post office boxes.

Kit Quantity Requested	VDHL Kit Number	Description
	1	Enteric Bacteria ( <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>E. coli</i> O157, Shiga-like Toxin, <i>Yersinia</i> )
	2	Parasitology
	4	Bacteriology (Reference Identification)
	5	Pertussis
	6	Legionella, Mycobacteriology, Mycology
	7	Gonorrhea and Chlamydia (Amplified) - <b>Swab</b>
	7	Gonorrhea and Chlamydia (Amplified) - <b>Urine</b>
	8	Gonorrhea Culture
	9	Influenza
	10	Cellestis Quantiferon-TB Gold IT kit (QFT)
	13	Serology Mailer <b>with</b> Blood Collection Tube
	14	Serology Mailer <b>without</b> Blood Collection Tube
	17	Pinworm
	18	Orasure HIV-1 Oral Fluid
	N/A	Clinical Test Request Forms Micro 220

**Submitters should communicate with laboratory staff when choosing appropriate specimen collection kit.**