

Vermont Department of Health Laboratory

359 South Park Drive, Colchester VT 05446

[Mailing: PO Box 1125, Burlington, VT 05402-1125]

1-800-660-9997 (VT only) or 1-802-338-4736

LAB USE ONLY: Order Submitted by (init.) _____ Date _____ Order Filled by (init.) _____ Date _____
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Order Form for Blood Lead Testing Supplies for Medical Providers

Name of Person Placing Order: _____

Name of Practice or VDH District Office: _____

UPS Shipping Address (no P.O. Boxes, please): _____

Telephone Number: _____

Number of Units	How Supplied	Description
	Pack of 100 No partial packs	Capillary collection kit: Microvette tubes with EDTA (lead prescreened), biohazard labeled small zip-lock bags with ID label (for full name, DOB and Collection Date - <i>required to match test request form</i>)
	Each	Venous collection kit: purple top vacuum tube with EDTA (lead prescreened), biohazard labeled zip-lock bags with ID label, aluminum tube and cardboard pre-paid mailer
	Pack of 100 No partial packs	Extra Biohazard labeled zip-lock bags with ID label for name, DOB, date of collection, for use with Microvette tubes.
	Each Max order of 50	Medium cardboard, pre-paid mailing tubes (capacity 2 samples)
	Each Max order of 50	Large cardboard, pre-paid mailing tubes (capacity 6 samples)
	One per order	Test Request Form: VDHL Blood Lead Test Requisition Form (Inorg/Tox 200)
	One per order	Sample Collection Instructions: Technique for Capillary Blood Lead Sample Collection (Tox 430A)
	One per order	Supply Order Form: Order Form for Blood Lead Supplies (InorgTox 501)

* **Microvette tubes expire** as indicated on the container.
 If you have single units and more than one year has elapsed since your last order, please replace
 your capillary tube supply.

You can mail this form to the laboratory or fax to 1-802-338-4706.