

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 1-802-338-4724

LAB USE ONLY:

Order Filled by (initial) _____ Date _____ Lot # _____

Order Form for Blood Lead Testing Supplies for Medical Providers

Name of Person Placing Order: _____

Name of Practice or VDH District Office: _____

Shipping Address: _____

Telephone Number: _____

| Qty | Unit | Description |
|-----|---|--|
| | Pack of 10 (Ideal for smaller practices) | Capillary Collection Kit: Capillary Specimen Collection tubes with EDTA (lead prescreened), small biohazard labeled zip-lock bag with ID label (required to match test request form) |
| | Pack of 50 | Capillary collection kit: Capillary Specimen Collection tubes with EDTA (lead prescreened), small biohazard labeled zip-lock bag with ID label (required to match test request form) |
| | Each | Venous collection kit: purple top vacuum tube with EDTA (lead prescreened), biohazard labeled zip-lock bags with ID label, and cardboard pre-paid mailer |
| | Each (Max order of 30) | Medium cardboard, pre-paid mailing tubes (capacity 2 samples) |
| | Each (Max order of 30) | Large cardboard, pre-paid mailing tubes (capacity 6 samples) |

Capillary Specimen Collection tubes expire as indicated on the container and each tube.

You can **fax** this form to **1-802-338-4706** or
email to **AHS.VDHLabCustomerService@vermont.gov**

Scan the **QR code** for the VDHL forms and ordering page. Here you will find helpful documents such as **specimen collection instructions** and the **test requisition form**.

