

**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)	<b>Capillary Collection Kit:</b> 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	<b>Capillary collection kit:</b> Capillary Specimen Collection tubes with EDTA (lead prescreened), small biohazard labeled zip-lock bag with ID label (required to match test request form)
	Each	<b>Venous collection kit:</b> 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)	<b>Medium cardboard, pre-paid mailing tubes</b> (capacity 2 samples)
	Each (Max order of 30)	<b>Large cardboard, pre-paid mailing tubes</b> (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**.