CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

Fax/Mail/E-mail Orders to: Michigan Department of Community Health – Laboratory Support Unit
927 Terminal Road
Lansing MI 48906

FAX 517-335-9039 **PHONE** 517-335–9867 **WEB** http://www.michigan.gov/mdchlab

Send To (No PO Boxes):	Date:
	Phone:
	Attention:

Unit Number	Type of Laboratory Service	Circle Number of Complete Tests Desired
One	**Enteric Bacterial Infections**	25 50 Other_____
Two	**Chlamydia & Gonorrhea - Amplified Test – Swabs**	50 100 Other_____
Two - U	**Chlamydia & Gonorrhea - Amplified Test -Urine Specimens**	50 100 Other_____
Three	**Viral Load Testing for HIV - 1** For submission from HIV-1 positive patients enrolled in MDCH approved programs **only**.	1 2 Other_____
Four	**Oral Fluid Specimen Test System for HIV-1** Mailing Components **only**.	10 50 100 200
Five	**Enteric Viral Infections (e.g., Norovirus)** **Contact laboratory at 517-335-8067**	**Special Request Only**
Six	**Parasitic Infections**	20 40 Other_____
Seven	**Blood Lead Sampling** Please Specify Sample Type ☐ **Capillary** ☐ **Filter Paper** ☐ **Venous**	100 Other_____
Seven "A"	**Environmental Lead Sampling** Indicate quantity of test requisitions desired (DCH-0558) >>>>>>>>>>>>>>>>>>	1 5 10 50 Other_____
Eight	**Bacterial, Fungal and Viral Serology** (For HIV Serology – Order Unit 49)	25 50 100 Other_____
Ten	**Syphilis by Darkfield Fluorescent** exam for *Treponema pallidum*.	1 2 Other_____
Twelve	**Tuberculosis and Fungal Diagnosis Specimens** For submission of clinical specimens for microscopy and culture.	25 50 100 Other_____
Thirteen	**CD4/CD8 & Viral Load Testing for HIV-1** For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 Other_____
Fourteen	**PBB, PCB, Pesticide Testing** For submission of serum & breast milk specimens for analysis. **Contact laboratory at 517-335-9490**	**Special Request Only**
Fifteen	***Bordetella pertussis*** – Culture, Isolation, & PCR	1 2 Other_____
Seventeen	**Mercury Analysis** – Urine, Blood, Other. **Contact laboratory at 517-335-9490**	**Special Request Only**
Nineteen	**HIV Genotyping -** For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 Other_____
Twenty	**Vaccinia/Variola/Pox Virus** Contact laboratory at 517-335-8067	**Special Request Only**
Twenty-Two	**Chemical Terrorism Specimen Packaging Unit -** Shipping Materials/Blanks (Contact laboratory at 517-335-9490)	**Special Request Only**
Twenty-Three	**Chemical Terrorism Unit –** Training Manual/Evidence Tape/Blanks (Contact laboratory at 517-335-9490)	**Special Request Only**
Forty-Two A	**Bacterial and Fungal Cultures** For submission of Infectious Substances – Category "A" **Dangerous Goods Form Required**	1 5 Other_____
Forty-Two B	**Bacterial and Fungal Cultures** For submission of Infectious Substances – Category "B" A.K.A. - Biological Substance	1 5 Other_____
Forty-Four	**Chlamydia Culture and Isolation -** For submission of specimens for diagnosis of genital, neonatal infections, pneumonia.	1 2 Other_____ (One Month Expiration - Order Accordingly)
Forty-Five	**Viral Disease Examination and Culture** For submission of miscellaneous specimens for Viral Isolation	1 2 Other_____ (One Month Expiration - Order Accordingly)
Forty-Six	**Food Borne Illness -** For submission of food, stool and vomitus**.**	**Available to Health Officers Only**
Forty-Seven	**Rabies Examinations** - For submission of animal heads for detection of rabies. ☐ **Check here for 3 gallon pails**	1 2 Other_____
Forty-Nine	**HIV Serology -** For submission of **serum** for HIV Antibody testing to; ☐ Detroit City HD ☐ Kent County HD	50 100 Other_____
Fifty	**HIV Serology -** For submission of **dried blood spots** for HIV Antibody testing.	50 100 Other_____

CLINICAL SPECIMEN SHIPPING UNITS COMPONETS

TO ORDER COMPLETE UNITS - USE REVERSE SIDE

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Send To (No PO Boxes):	Date:
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	Attention:

Components - Write in the Unit Number you will be using the component with so that the proper size and type of component will be sent. MDCH cannot ship components if this information is incomplete.

Nomenclature	**Unit Number** (Refer to front of this form.)	**Quantity**
Card, Filter Paper – Specify Unit Number >>>	Seven ☐ Blood Lead Forty-nine ☐ HIV Serum	
Container, Mailing - Cardboard/Aluminum Tube – Specify Unit Number >>>		
Container, Mailing – Styrofoam w/w/o Sleeve – Specify Unit Number >>>		
Envelope, Return Mailing – Specify Unit Number >>	Seven ☐ Blood Lead Fifty ☐ HIV Blood Spots	
Gauze, 2 x 2, Sterile	Unit Seven ☐ Blood Lead	
Instructions, Specimen Submission - Specify Unit Number >> Visit our webpage at Michigan.gov/mdchlab for these directions in an electronic format.		
Label, Return Shipping ☐ Lansing ☐ Kent ☐ Detroit ☐ Saginaw ☐ Kalamazoo ☐ Other – Specify>>>>		
Lancet	Unit Seven - Blood Lead	
Medium, Transport ☐ *B. pertussis* Culture/PCR ☐ Chlamydia or Viral Culture ☐ Enteric Culture ☐ GenProbe – Swab GenProbe – Urine ☐ Parasitic ☐ Other – Specify >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
Requisition, Test - Visit our webpage at Michigan.gov/mdchlab for fillable test requisitions. ☐ Microbiology/Virology – Lansing (DCH-0583) ☐ Regional Laboratories - Detroit/Kalamazoo/Kent/Saginaw (DCH-0567) ☐ Other-Specify DCH Number >>		
Tube, Capillary Blood Sampling, EDTA, 200ΦL, Bags of Fifty	Unit Seven - Blood Lead	
Tube, Serum, Polystyrene, 3.0 mL (***non-sterile*** - with caps)	Units Eight and Ten	
Tube, Serum, Polystyrene, **5.0 mL** (***non-sterile*** - with caps)	Unit Forty-nine	
Strip, Absorbent		
Wipe, Alcohol	Unit Seven - Blood Lead	

Miscellaneous Requests:

By Authority of Act 368, P.A. 1978