

**WPHL Supply Order Form**

1. Keep a copy for your records
2. Name, address, and phone number required
3. Quantity specified
4. Mail, FAX, or email form
5. Our email address is: **wphl@wyo.gov**

**FROM:** Wyoming Public Health Laboratory  
 Combined Laboratories Facility  
 208 South College Drive  
 Cheyenne, WY 82007  
 Phone: 307.777.7431      FAX: 307.777.6422

**TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURIER SERVICE ONLY:**

City or Site \_\_\_\_\_

**SOME SUPPLIES MAY BE AVAILABLE FOR DESIGNATED SITES ONLY**

**QTY      Lab Requisition Forms**

\_\_\_\_\_ WPHL Requisition Form (available online)  
 \_\_\_\_\_ QFT Requisition Form  
 \_\_\_\_\_ Influenza Requisition Form  
 \_\_\_\_\_ \_\_\_\_\_ Other (Please specify)

**QTY      Individual Components**

\_\_\_\_\_ BioHazard Bags  
 \_\_\_\_\_ Chlamydia/GC Unisex Swab  
 \_\_\_\_\_ Chlamydia/GC Urine  
 \_\_\_\_\_ Chlamydia/GC Vaginal Swab  
 \_\_\_\_\_ Fecal Bacteria/Norovirus (ETM)  
 \_\_\_\_\_ Fecal Parasite (PVA Formalin Fixative)  
 \_\_\_\_\_ Influenza Swab (Universal Viral Transport)  
 \_\_\_\_\_ Pertussis Swab (Bacti swab NPG)  
 \_\_\_\_\_ Throat Swabs  
 \_\_\_\_\_ Urine Collection Cups  
 \_\_\_\_\_ Infectious Canister (Courier Only)  
 \_\_\_\_\_ \_\_\_\_\_ Other (Please specify)

**QTY      Collection Kits**

\_\_\_\_\_ Fecal Bacteria/Norovirus Kit  
 \_\_\_\_\_ Fecal Parasite Kit  
 \_\_\_\_\_ Influenza Kit  
 \_\_\_\_\_ Pertussis Kit  
 \_\_\_\_\_ QFT 3 tube set—Limit 10 sets  
 \_\_\_\_\_ Tuberculosis Kit

**QTY      Mailers**

\_\_\_\_\_ WPHL Mailer (universal double mailer)  
 \_\_\_\_\_ Influenza Shipper  
 Cold-Pak and Protocol  
 \_\_\_\_\_ West Nile Virus Shipper (WNV)  
 Cold-Pak and Protocol

**QTY      Outbreak Supplies**

\_\_\_\_\_ GI Outbreak Kit  
 (includes hat, collection bowl, ETM, biohazard bags, requisition form)

WPHL use only

Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_      Initials \_\_\_\_\_

Contact Information for Receiving Facility

Name \_\_\_\_\_ Phone # \_\_\_\_\_