

## WYOMING TB PROGRAM SUPPLY REQUEST FORM

ANTIBIOTIC	PACKAGE	FORMULARY	QUANTITY
Tuberculin Syringes	100 syringes/box	1 cc each	
Aplisol (PPD)	10 tests	1mL vial (5TU/0.1 mL per test)	
Aplisol (PPD)	50 tests	5mL vial (5TU/0.1 mL per test)	

FACILITY INFORMATION			
Facility Name:		Order Date:	
Shipping Address (No PO Boxes):		Contact Name:	
City:		Contact Email Address:	
Zip:		Contact Phone number:	
Additional Shipping Instructions:			

**FORM SUBMISSION:** Email to [cdusupplies@wyo.gov](mailto:cdusupplies@wyo.gov) or fax to 307-777-5279

\*\*\*\*\*Supply orders are shipped Tuesday and Wednesday mornings. \*\*\*\*\*

**INTERNAL USE ONLY**

Date Filled: \_\_\_\_\_ By: \_\_\_\_\_