

**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: 307.777.7806

**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      Collection Kits**

\_\_\_\_\_ Fecal Bacteria/Norovirus Kit

\_\_\_\_\_ Fecal Parasite Kit

\_\_\_\_\_ Pertussis Kit

\_\_\_\_\_ QFT 4 tube set—Limit 10 sets

\_\_\_\_\_ Tuberculosis Kit

**QTY      Individual Components**

\_\_\_\_\_ BioHazard Bags

\_\_\_\_\_ Chlamydia/GC Unisex Swab

\_\_\_\_\_ Chlamydia/GC Urine

\_\_\_\_\_ Chlamydia/GC Multitest Swab (Use for Vaginals)

\_\_\_\_\_ 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      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 # \_\_\_\_\_