

### WPHL Supply Order Form

1. Keep a copy for your records
2. Name, address, and phone number required
3. Specify the quantity
4. **FAX to new number 307-777-7806**
5. **Or email to: [wphl@wyo.gov](mailto: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	Individual Components
_____	Biohazard Bags
_____	Chlamydia/GC Multitest Swab (Vaginal, oral, rectal, misc)
_____	Chlamydia/GC Urine
_____	Chlamydia/GC Endocervical/Urethral Swab
_____	Fecal Bacteria/Norovirus (ETM)
_____	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
_____	Pertussis Kit
_____	QFT 4 tube set—Limit 10 sets

  

QTY	Mailers
_____	Influenza Shipper (Cold-Pak and Protocol)
_____	West Nile Virus Shipper (WNV) (Cold-Pak and Protocol)

WPHL use only  
 Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Contact Information for Receiving Facility  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_