

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD MPH
Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

JACKSONVILLE SUPPLY ORDER FORM
PLEASE FAX THIS REQUEST TO: 904-791-1637

BUREAU OF PUBLIC HEALTH LABORATORIES-SHIPING & RECEIVING -1217 N. PEARL STREET
JACKSONVILLE, FL 32202
PHONE: 904-791-1571 FAX: 904-791-1637

ITEM	QUANTITY ORDERED
APTIMA SWAB COLLECTION KITS (Purple box-50/bx)	
APTIMA URINE COLLECTION KITS (Yellow box-50/bx)	
MIXED MAILER CANISTERS (25-30 per case)	
TB SPUTUM CANISTERS-(PINK) (Includes: Forms & Conical Tubes (25/case)	
O&P STOOL CANISTERS-(BLUE) (Includes: Forms & Media (25/case)	
ENTERIC STOOL CANISTER (WHITE) (Includes: Forms & Media (25/case)	
O&P <u>MEDIA</u> ONLY (Formalin Fixative-25/box)	
ENTERIC <u>MEDIA</u> ONLY (C&S Medium-25 box)	
THAYER-MARTIN GC PLATES (10/box)	
(DH 1847) LABORATORY REQUISITION FORMS (100/pk)	
(DH 641) NON POTABLE WATER FORMS (Bacteriological Analysis form-50/pk)	
(DH655) DRINKING WATER FORMS (Bacteriological Analysis form-50/pk)	
(DH959) RABIES FORM (25/pk)	
PERTUSSIS E-SWABS (Regan Lowe)	
STYROFOAM COOLERS XL -Single/ LG -2 in stack/ MED -3 in stack/ SM -4 in stack	
COMMENTS:	

PLEASE (LEGIBLY) COMPLETE FORM BEFORE FAXING TO: 904-791-1637. ALSO ALLOW (7) SEVEN TO (10) TEN BUSINESS DAYS TO PROCESS ORDERS.

DATE REQUESTED: _____
FACILITY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE NUMBER: _____ **FAX:** _____
REQUESTED BY PERSON/DEPARTMENT: _____

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Public Health Laboratories, Jacksonville
1217 N Pearl Street • Jacksonville, FL 32202-3926
PHONE 904/791-1500 • FAX 904/791-1567

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