

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: _____