

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

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

BPHL Jacksonville - Shipping & Receiving Department (904) 791-1571

ITEM	QUANTITY ORDERED
UNISEX COLLECTION KITS (female cervical & male urethral) (Purple box-50/box)	
URINE COLLECTION KITS (female & male urine) (Yellow box-50/box)	
MULTI-TEST COLLECTION KITS (vaginal, rectal, oral & penile) (Orange box-50/box)	
MIXED MAILER CANISTERS (25-30 per case)	
TB SPUTUM CANISTERS (PINK CANS) (Includes: DH 1847 forms & conical tubes (25/case)	
O&P STOOL CANISTERS (BLUE CANS) (Includes: DH 1847 forms & media (25/case)	
ENTERIC STOOL CANISTERS (WHITE CANS) (Includes: DH 1847 forms & media (25/case)	
O&P MEDIA ONLY (Total Fix-25/box)	
ENTERIC MEDIA ONLY (C&S Medium-25 box)	
(DH 1847) LABORATORY REQUISITION FORMS (100/pack)	
(DH 641) SAMPLE COLLECTION & REPORT FORM FOR NON-POTABLE WATER (Bacteriological Analysis form-50/pack)	
(DH 655) SAMPLE SUBMISSION FORM FOR DRINKING WATER (Bacteriological Analysis form-50/pack)	
(DH 959) RABIES FORM (25/pack)	
PERTUSSIS E-SWABS (each)	
STYROFOAM COOLERS XL -Single/ LG - 2 in stack/ MED - 3 in stack/ SM - 4 in stack	
COMMENTS:	

PLEASE COMPLETE FORM BEFORE FAXING TO **904-791-1637**. ALLOW (5) FIVE TO (7) SEVEN BUSINESS DAYS TO PROCESS ORDERS.

DATE: _____
FACILITY NAME: _____
ADDRESS: _____ **SUITE/ROOM:** _____
CITY, STATE, ZIP CODE: _____
PHONE NUMBER: _____ **FAX:** _____
ATTN: _____

Florida Department of Health
Bureau of Public Health Laboratories
 1217 Pearl Street • Jacksonville, FL 32202
 PHONE: 904-791-1500 • FAX: 904-791-1567
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board