

**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

**BPHL - MIAMI SUPPLY ORDER FORM**  
**PLEASE FAX THIS REQUEST TO: 305-325-2564**

ITEM	QUANTITY ORDERED
<b>APTIMA UNISEX COLLECTION KITS FOR GC/CT</b> (female cervical & male urethral) (Purple box-50/box)	
<b>APTIMA URINE COLLECTION KITS FOR GC/CT</b> (female & male urine) (Yellow box-50/box)	
<b>APTIMA MULTI-TEST COLLECTION KITS FOR GC/CT</b> (vaginal, rectal, oral & penile) (Orange box-50/box)	
<b>TB SPUTUM CANISTERS (PINK CANS)</b> (Includes: DH 1847 forms & conical tubes (25/case)	
<b>OVA &amp; PARASITES <u>MEDIA ONLY</u></b> (Total Fix-25/box)	
<b>ENTERIC <u>MEDIA ONLY</u></b> (C&S Medium-25 box)	
<b>(DH 641) SAMPLE COLLECTION &amp; REPORT FORM FOR NON-POTABLE WATER</b> (Bacteriological Analysis form-50/pack)	
<b>(DH 655) SAMPLE SUBMISSION FORM FOR DRINKING WATER</b> (Bacteriological Analysis form-50/pack)	
<b>SPECIMEN BIOHAZARD BAGS</b>	
<b>OTHER</b>	
<b>COMMENTS:</b>	

**PLEASE COMPLETE FORM BEFORE FAXING TO 305-325-2564. ALLOW (5) FIVE TO (7) SEVEN BUSINESS DAYS TO PROCESS ORDERS.**

**DATE:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

**SUITE/ROOM:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**NAME OF REQUESTOR (REQUIRED):** \_\_\_\_\_

**Florida Department of Health**  
**Division of Disease Control and Health Protection**  
**Bureau of Public Health Laboratories**  
1325 NW 14<sup>th</sup> Avenue • Miami, FL 33125  
PHONE: 305-324-2432 • FAX: 305-325-2560  
**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board