

**SPECIMEN COLLECTION OUTFIT ORDER FORM  
DECATUR PUBLIC HEALTH LABORATORY**

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

NAME OF COMPANY _____ ADDRESS: _____ _____ <p align="center"><b>ORDERS ARE SHIPPED U.P.S. PLEASE INDICATE STREET ADDRESS.</b></p> <p align="center"><b>NO FAXED ORDERS/PLEASE MAIL</b></p>			ORDER FORM:      GA Public Health Laboratory Laboratory Services & Supply 1749 Clairmont Road Decatur, GA 30033-4050 (404) 327-7920  PERSON ORDERING: _____ PHONE #: _____		
<b>SEROLOGY OUTFITS</b>			<b>BACTERIOLOGY AND MYCOLOGY OUTFITS</b>		
ITEM	QT/EA	DESCRIPTION	ITEM	QT/EA	DESCRIPTION
0500		MICROBIAL IMMUNOLOGY W/BLOOD TUBE #3432	0505		CULTURE REFERRAL/ISOLATION FOR I.D. #3410
0501		MICROBIAL IMMUNOLOGY W/O BLOOD TUBE #3432	0525		PERTUSSIS SLIDE #3415
<b>VIROLOGY OUTFITS</b>			0545		SLIDE
0515		HIV (AIDS) #3605	0555		STOOL CULTURE (PARA-PAK) #3416
0575		VIRAL CULTURE #3595R	0560		STREPTOCOCCUS #3418
*0565		VIRAL LOAD #3605	<b>MYCOBACTERIOLOGY OUTFITS</b>		
<b>PARASITOLOGY OUTFITS</b>			0550		TB SPUTUM #3412
*0520		INTESTINAL PARASITES/PVA #3414 (2)	0585		TB CULTURE/FOR I.D. #3412
*0521		AMEBIASIS/E. HISTOLYTICA #3414	<b>FOR LAB USE ONLY</b>		
*0530		PINWORM SLIDE #3414	DATE FILLED: _____ # BOXES: _____ BY: _____		
0542		BLOOD SMEAR SLIDE #3415			

\*AVAILABLE TO COUNTY HEALTH DEPARTMENTS ONLY

**MAILING CANS/LIDS AND  
INDIVIDUAL COMPONENTS**

ITEM	QT/EA	DESCRIPTION
0800		SPECIMEN BAGS
0801		OUTSIDE CANS/LIDS
0802		LIDS ONLY
0803		KYFAX WRAPPING PAPER
0507		6 ML RED TOP BLOOD TUBE

**NOTE: All outfits include cans. If a complete outfit is not needed, please order individual components.**