

# CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

Fax/Mail/E-mail Orders to: Michigan Department of Health and Human Services – Laboratory Support Unit  
927 Terminal Road  
Lansing MI 48906

## TO ORDER INDIVIDUAL COMPONENTS - USE REVERSE SIDE

**FAX** 517-335-9039 **E-Mail** MDHHSlab@Michigan.gov **TEL** 517-335-9040 **WEB** <http://www.michigan.gov/mdhhs>

Send To (No PO Boxes):		Date:		
		Phone:		
		Attention:		
State of Michigan Property The materials provided through this request will be used exclusively for shipment to the Michigan Department of Health and Human Services Laboratory or recipient designated by the MDHHS		I acknowledge that these materials will only be used for shipment to MDHHS or their designee		
		Signature _____		Date _____
Unit Number	Type of Clinical Specimen Shipping Unit	Circle Number of Complete Tests Desired		
1	Enteric Bacterial Infections	5	10	Other _____
2	Chlamydia & Gonorrhea - Amplified Test – Cervical, Pharyngeal, Rectal, Urethral Swabs Only	25	50	100 Other _____
2 - U	Chlamydia & Gonorrhea - Amplified Test -Urine Tubes Specimens Only	25	50	100 Other _____
2 - V	Chlamydia & Gonorrhea - Amplified Test –Vaginal Swab Only	25	50	100 Other _____
4	Oral Fluid Specimen Test System for HIV-1 Mailing Components <u>only</u> .	10	50	100 200
5	Enteric Viral Infections (e.g., Norovirus) <span style="float: right;">Contact laboratory at 517-335-8067</span>	<b>Special Request Only</b>		
6	Parasitic Infections	5	10	Other _____
7	Blood Lead Sampling Please Specify Sample Type <input checked="" type="checkbox"/> Capillary <input type="checkbox"/> Filter Paper <input type="checkbox"/> Venous	100	Other _____	
7 A	Environmental Lead Sampling Please Specify Sample Type <input type="checkbox"/> Dust wipe <input type="checkbox"/> Soil <input type="checkbox"/> test requisitions (DCH-0558)	25	50	100 Other _____
8	Bacterial, Fungal, and Viral Serology For Hepatitis C, Order Unit 8A	25	50	100 Other _____
8 A	Hepatitis C Serology For submission of serum that must be refrigerated (e.g., serum PCR , MERS serology)	1	2	5 Other _____
10	Syphilis by Darkfield Fluorescent exam for <i>Treponema pallidum</i> .	1	2	Other _____
12	Tuberculosis and Fungal Diagnosis Specimens For submission of clinical specimens for microscopy and culture.	25	50	100 Other _____
13	CD4/CD8 & Viral Load Testing for HIV-1 For submission from HIV-1 positive patients enrolled in MDHHS approved programs.	1	2	Other _____
15	<i>Bordetella</i> – PCR	1	2	Other _____
19	HIV Genotyping - For submission from HIV-1 positive patients enrolled in MDHHS approved programs.	1	2	Other _____
42 A	Bacterial and Fungal Cultures For submission of Category "A" Infectious Substances UN 2814 Dangerous Goods Form Required	1	5	Other _____
42 B	Bacterial and Fungal Cultures For submission of Category "B" Infectious Substances –UN 3373 Biological Substance	1	5	Other _____
45	Viral Isolation /PCR For submission of miscellaneous specimens for Viral Isolation and/or PCR (including respiratory viruses)	1	2	Other _____
46	Food Borne Illness - For submission of food, stool, and vomitus.	<b>Available to Health Officers Only</b>		
47	Rabies Examinations - For submission of smaller animal heads for detection of rabies. <b>Size 1 gallon pails</b>	1	2	Other _____
47	Rabies Examinations - For submission of larger animal heads for detection of rabies. <b>Size 3 gallon pails</b>	1	2	Other _____
49	HIV Serology – Discontinued – order Unit 8.			
50	HIV Serology - For submission of dried blood spots for HIV Antibody testing.	10	20	Other _____

**CLINICAL SPECIMEN SHIPPING UNITS COMPONENTS AND SPECIAL REQUEST KITS  
TO ORDER COMPLETE SHIPPING UNITS - USE REVERSE SIDE**

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Laboratory Support Unit  
927 Terminal Road  
Lansing MI 48906

**FAX 517-335-9039 E-Mail MDHHSlab@Michigan.gov TEL 517-335-9040 WEB <http://www.michigan.gov/mdhhslab>**

Send To (No PO Boxes):	Date:
	Phone:
	Attention:

Components - Write in the Unit Number you will be using the individual component with so that the proper size and type of component will be sent. MDHHS cannot ship components if this information is incomplete.

Individual Components	Shipping Unit Number (Refer to front of this form.)	Quantity
<b>Container, Mailing</b> – Cardboard cylinder/Aluminum Tube – Specify Unit Number _____		
<b>Container, Mailing</b> – Styrofoam w/w/o Sleeve – Specify Unit Number _____		
<b>NEW! Container, Mailing</b> – Infekta outer Box with Infekta inner Bio Bag		
<b>NEW! Container, Mailing</b> – Infekta outer Box only (Note: Cannot be used without the Infekta inner Bio Bag)		
<b>NEW! Container, Mailing</b> – Infekta inner Bio bag only (Note: Cannot be used without the Infekta outer Box).		
<b>Envelope, Mailing</b> –Unit 7 Blood Lead _____	<b>(Unit 7)</b>	
<b>Envelope, Mailing</b> –Unit 50 HIV Blood Spots _____	<b>(Unit 50)</b>	
<b>Instructions, Specimen Submission</b> - Specify Unit Number _____ Visit our webpage at <a href="http://www.michigan.gov/mdhhslab">http://www.michigan.gov/mdhhslab</a> for directions in an electronic printable format.		
<b>Label, Shipping</b> <input type="checkbox"/> Lansing <input type="checkbox"/> Blood Lead		
<b>Medium, Transport</b> <input type="checkbox"/> <i>Bordetella</i> PCR <input type="checkbox"/> Viral Culture <input type="checkbox"/> Enteric Culture <input type="checkbox"/> Parasitic <input type="checkbox"/> Other – Specify _____		
<b>Gen Probe Collection Kits (Individual Components)</b> <input type="checkbox"/> GenProbe – Cervical, Pharyngeal, Rectal, Urethral Swabs <input type="checkbox"/> GenProbe – Urine <input type="checkbox"/> GenProbe – Vaginal Swab		
<b>Test Requisition</b> <input type="checkbox"/> Environmental Lead Sampling (DCH0558)	<b>(Unit 7A)</b>	
<b>Tube w/cap, 13x77 mm, polypropylene, 5.0 mL Tube</b>		
<b>Shipping Units by Special Request Only</b>		
<b>PBB, PCB, Pesticide Testing</b> For submission of serum & breast milk specimens for analysis. <b>Contact laboratory at 517-335-9490</b>	<b>14</b>	
<b>Vaccinia/Variola/Pox Virus</b> Contact laboratory at 517-335-8067	<b>20</b>	
<b>Chemical Threat Response Specimen Packaging Unit</b> - Shipping Materials (Contact laboratory at 517-335-9490)	<b>22</b>	
<b>Chemical Threat Response Unit</b> – Training Manual/COC Forms (Contact laboratory at 517-335-9490)	<b>23</b>	
Miscellaneous Requests:		

MDHHS Laboratory Services Guide and Printable Test Requisition forms can be found at [http:// www.michigan.gov/mdhhslab](http://www.michigan.gov/mdhhslab)