CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

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

TO ORDER INDIVIDUAL COMPONENTS - USE REVERSE SIDE

FAX 517-335-9039 **E-Mail** MDCHlab@Michigan.gov **PHONE** 517-335–9867 **WEB** http://www.michigan.gov/mdchlab

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

Unit Number	Type of Clinical Specimen Shipping Unit	Circle Number of Complete Tests Desired
One	**Enteric Bacterial Infections**	25 50 Other_____
Two	**Chlamydia & Gonorrhea - Amplified Test – Cervical, Pharyngeal, Recal, Urethral Swabs Only**	25 50 100 Other_____
Two - U	**Chlamydia & Gonorrhea - Amplified Test -Urine Tubes Specimens Only**	25 50 100 Other_____
Two - V	**Chlamydia & Gonorrhea - Amplified Test –Vaginal Swab Only**	25 50 100 Other_____
Four	**Oral Fluid Specimen Test System for HIV-1** Mailing Components **only**.	10 50 100 200
Five	**Enteric Viral Infections (e.g., Norovirus)** **Contact laboratory at 517-335-8067**	**Special Request Only**
Six	**Parasitic Infections**	20 40 Other_____
Seven	**Blood Lead Sampling** Please Specify Sample Type ☐ **Capillary** ☐ **Filter Paper** ☐ **Venous**	100 Other_____
Seven "A"	**Environmental Lead Sampling** Indicate quantity of test requisitions desired (DCH-0558) >>>>>>>>>>>>>>>>>>	1 5 10 50 Other_____
Eight	**Bacterial, Fungal and Viral Serology** (For HIV Serology – Order Unit 49)	25 50 100 Other_____
Ten	**Syphilis by Darkfield Fluorescent** exam for *Treponema pallidum*.	1 2 Other_____
Twelve	**Tuberculosis and Fungal Diagnosis Specimens** For submission of clinical specimens for microscopy and culture.	25 50 100 Other_____
Thirteen	**CD4/CD8 & Viral Load Testing for HIV-1** For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 Other_____
Fourteen	**PBB, PCB, Pesticide Testing** For submission of serum & breast milk specimens for analysis. **Contact laboratory at 517-335-9490**	**Special Request Only**
Fifteen	***Bordetella pertussis*** – Culture, Isolation, & PCR	1 2 Other_____
Nineteen	**HIV Genotyping -** For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 Other_____
Twenty	**Vaccinia/Variola/Pox Virus** Contact laboratory at 517-335-8067	**Special Request Only**
Twenty-Two	**Chemical Terrorism Specimen Packaging Unit -** Shipping Materials/Blanks (Contact laboratory at 517-335-9490)	**Special Request Only**
Twenty-Three	**Chemical Terrorism Unit –** Training Manual/Evidence Tape/Blanks (Contact laboratory at 517-335-9490)	**Special Request Only**
Forty-Two A	**Bacterial and Fungal Cultures** For submission of Infectious Substances – Category "A" **Dangerous Goods Form Required**	1 5 Other_____
Forty-Two B	**Bacterial and Fungal Cultures** For submission of Infectious Substances – Category "B" A.K.A. - Biological Substance	1 5 Other_____
Forty-Four	**Chlamydia Culture and Isolation -** For submission of specimens for diagnosis of genital, neonatal infections, pneumonia.	1 2 Other_____
Forty-Five	**Viral Disease Examination and Culture** For submission of miscellaneous specimens for Viral Isolation	1 2 Other_____
Forty-Six	**Food Borne Illness -** For submission of food, stool and vomitus**.**	**Available to Health Officers Only**
Forty-Seven	**Rabies Examinations** - For submission of animal heads for detection of rabies. ☐ **Check here for 3 gallon pails**	1 2 Other_____
Forty-Nine	**HIV Serology -** For submission of **serum** for HIV Antibody testing to Lansing	50 100 Other_____
Fifty	**HIV Serology -** For submission of **dried blood spots** for HIV Antibody testing.	50 100 Other_____

Instructions for "internet access" to the "MDCH Lab Services Guide" and down loading "Test Requisition Forms."
Web address: www.michigan.gov/mdchlab **To access the "Laboratory Services Guide":** Find the section titled *Laboratory Services Guide,* located in the middle of the screen. Click on *Laboratory Services Guide.* To order test kits (clinical components) click on *Specimen Collection & Shipping Containers* and then *DCH-0583*. **To access the on-line "Test Requisition Forms":** Find and click on the section titled *Test Request Forms* to obtain a line listing of the available test requisition forms. Select and click on the form to print.

CLINICAL SPECIMEN SHIPPING UNITS COMPONETS

TO ORDER COMPLETE UNITS - USE REVERSE SIDE

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Laboratory Support Unit
927 Terminal Road
Lansing MI 48906

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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. MDCH cannot ship components if this information is incomplete.

Nomenclature – Individual Components	Unit Number (Refer to front of this form.)	Quantity
Container, Mailing - Cardboard/Aluminum Tube – Specify Unit Number >>		
Container, Mailing – Styrofoam w/w/o Sleeve – Specify Unit Number >>		
Envelope, Return Mailing – Specify Unit Number >>	Seven ☐ Blood Lead Fifty ☐ HIV Blood Spots	
Instructions, Specimen Submission - Specify Unit Number >>>>>>>>>>>>>>>>>>>>