

# DCH-0568, SPECIMEN SHIPPING UNITS REQUISITION

Michigan Department of Health and Human Services  
Data and Specimen Handling Central Receiving Unit  
(Revised 5-22)

Telephone: 517-335-9040

Email: [MDHHSlab@michigan.gov](mailto:MDHHSlab@michigan.gov)

[www.michigan.gov/mdhhslab](http://www.michigan.gov/mdhhslab)

Do not use this form to request collection supplies for SARS-CoV2 (COVID-19) testing. To request collection supplies for SARS-CoV-2 testing, send an email to [MDHHSlab@michigan.gov](mailto:MDHHSlab@michigan.gov).

## SECTION 1

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 (MDHHS) 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

Facility Name

Ship to (No PO Boxes or residential addresses)

Date

Phone Number

Attention to (print your name)

## SECTION 2

Unit Number	Type of Specimen Shipping Unit	Indicate Number of Complete Tests	
1	Enteric Bacterial Infection.	<input type="checkbox"/> 5	<input type="checkbox"/> 10 <input type="checkbox"/> Other _____
2	Chlamydia and Gonorrhea - Amplified Test - Cervical, Urethral with mailing components.	<input type="checkbox"/> 50	<input type="checkbox"/> 100 <input type="checkbox"/> Other _____
2 - U	Chlamydia and Gonorrhea - Amplified Test - Urine with mailing components.	<input type="checkbox"/> 50	<input type="checkbox"/> 100 <input type="checkbox"/> Other _____
2 - V	Chlamydia and Gonorrhea - Amplified Test - Vaginal, Pharyngeal Rectal with mailing components.	<input type="checkbox"/> 50	<input type="checkbox"/> 100 <input type="checkbox"/> Other _____
5	Enteric Viral Infections (e.g., Norovirus) - 4 samples/kit.	<input type="checkbox"/> 1	
6	Parasitic Infection	<input type="checkbox"/> 5	<input type="checkbox"/> 10 <input type="checkbox"/> Other _____
7	Blood Lead Sampling <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	<input type="checkbox"/> 100	<input type="checkbox"/> Other _____
	Lead - Environmental Sampling - Specify Sample Type <input type="checkbox"/> Dust Wipes <input type="checkbox"/> Soil <input type="checkbox"/> Glove Size _____	<input type="checkbox"/> 25 <input type="checkbox"/> 100	<input type="checkbox"/> 50 <input type="checkbox"/> Other _____
8	Bacterial, Fungal and Viral Serology - For Hepatitis C, Order Unit 8A.	<input type="checkbox"/> 25 <input type="checkbox"/> 100	<input type="checkbox"/> 50 <input type="checkbox"/> Other _____

Unit Number	Type of Specimen Shipping Unit	Indicate Number of Complete Tests	
8A	Hepatitis C Serology - For submission of serum that must be refrigerated (e.g. serum PCR, MERS serology).	<input type="checkbox"/> 1 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
10	Syphilis by Darkfield - (Fluorescent exam for Treponema pallidum).	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
12	Tuberculosis and Fungal Diagnosis Specimens - For submission of clinical specimens for microscopy and culture.	<input type="checkbox"/> 25 <input type="checkbox"/> 100	<input type="checkbox"/> 50 <input type="checkbox"/> Other _____
13	CD4/CD8 and Viral Load Testing for HIV-1 - For submission from HIV-1 positive patients enrolled in MDHHS approved programs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
15	Bordetella - PCR.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
19	HIV Genotyping – For submission from HIV-1 positive patients enrolled in MDHHS approved programs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
42A	Bacterial and Fungal Cultures - For submission of Category “A” Infectious Substances - UN 2814 Dangerous Goods Form.	<input type="checkbox"/> 1	<input type="checkbox"/> 5 <input type="checkbox"/> Other _____
42B	Bacterial and Fungal Cultures - For submission of Category “B” Infectious Substances - UN 3373 Biological Substance.	<input type="checkbox"/> 1	<input type="checkbox"/> 5 <input type="checkbox"/> Other _____
45	Viral Isolation/PCR - For submission of miscellaneous specimens for Viral Isolation and/or PCR (including respiratory viruses). Not appropriate for SARS-CoV-2 (COVID-19) testing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
46	Food Borne Illness - For submission of food, stool, and vomitus. Contact laboratory at 517-335-8067.		
47	Rabies Examinations - For submission of smaller animal heads for detection of rabies. Size 1-gallon pails.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
47	Rabies Examinations - For submission of large animal heads for detection of rabies. Size 3-gallon pails.	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
50	HIV Serology - For submission of dried blood spots for HIV Antibody testing.	<input type="checkbox"/> 10	<input type="checkbox"/> 20 <input type="checkbox"/> Other _____

### SECTION 3 - 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	Unit Number (Refer to front of this form)	Quantity
Dual-Mailer Shipping Canister - Cardboard Cylinder/Aluminum tube		
Container, Shipping Box - <input type="checkbox"/> outer box and inner bag <input type="checkbox"/> outer box only <input type="checkbox"/> inner bag only <input type="checkbox"/> styrobox		
Envelope, Mailing - Unit 50 HIV Blood Spots	Unit 50	
Label, Shipping <input type="checkbox"/> Lansing <input type="checkbox"/> Blood Lead		

Individual Components	Unit Number (Refer to front of this form)	Quantity
Medium, Transport <input type="checkbox"/> Viral Culture (M4RT) <input type="checkbox"/> Enteric Culture (Carey-Blair) <input type="checkbox"/> Parasitic (Formalin-Z-PVA) <input type="checkbox"/> Other - Specify _____		
Aptima Collection Swabs (Individual Components - Order in quantities of 50) <input type="checkbox"/> Aptima - Cervical, Urethral (Unisex) Swabs <input type="checkbox"/> Aptima - Urine <input type="checkbox"/> Aptima - Vaginal, Pharyngeal, Rectal (Multitest) Swab		
Tube with cap, 13 x 77 mm, polypropylene, 5.0 mL Tube		
Vaccinia/Variola/Pox Virus Contact laboratory at 517-335-8067.	20	
Chemical Threat Response Specimen - Shipping Materials Contact laboratory at 517-335-9490.	22	
Chemical Threat Response - Training Manual/COC Forms Contact laboratory at 517-335-9490.	23	
Miscellaneous Requests		

MDHHS Laboratory Services Guide, Collection Instructions, and Printable Test Requisition forms can be found at <http://www.michigan.gov/mdhhs/lab>.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**By Authority of Act 368, P.A. 1978.**