

VERMONT DEPARTMENT OF HEALTH LABORATORY DIVISION

195 Colchester Avenue, P.O. Box 1125

Burlington, Vermont 05402-1125

(802) 863-7335 or (800) 660-9997 (VT only)

LAB USE ONLY:

Order Submitted by (init.) _____ Date _____ Order Filled by (init.) _____ Date _____

**Order Form for Blood Lead Testing Supplies
for Medical Providers**

Name of Physician or Nurse: _____

Name of Practice or VDH District Office: _____

UPS Shipping Address (No P.O. Boxes please): _____

Telephone Number: _____

Number of Units	How Supplied	Description
	Bag of 100	Microvette tubes with EDTA (lead prescreened)*
	Lot of 50	Biohazard labeled zip-lock bags with ID label for name, DOB, date of collection
	Each	Medium cardboard, pre-paid mailing tubes (capacity 2 samples)
	Each	Large cardboard, pre-paid mailing tubes (capacity 6 samples)
	Each	VDHL Clinical Test Request Form (Micro 220)
	Each	Technique for Capillary Blood Lead Sample Collection [Tox 430A]
	Each	Kit for Venous Testing including lead pre-screened purple top vacuum tube with EDTA, biohazard labeled zip-lock bags with ID label, aluminum tube and cardboard pre-paid mailer
	Each	Order form for blood lead supplies [Tox 501]

* Microvette tubes expire as indicated on the container. If you have single units and more than one year has elapsed since your last order, please replace your capillary tube supply.

**You can mail this form to the laboratory or FAX it to: 1-802-863-7632
Questions? Call 1-800-660-9997 (Vt only) ext. 1-7560, or
1-802-863-7335 (local) ext. 1-7560.**