

Vermont Department of Health Laboratory

359 South Park Drive, Colchester VT 05446
[Mailing: PO Box 1125, Burlington, VT 05402-1125]
1-800-660-9997 (VT only) or 1-802-338-4736

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 100	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 Blood Lead Test Requisition Form (Inorg/Tox 200)
	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 [InorgTox 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: 1-802-338-4706