

Vermont Department of Health Laboratory –Microbiology Specimen Collection Kit Order Form

Mailing Address: PO Box 1125, Burlington, VT 05402-1125
 Physical Address: 359 South Park Drive, Colchester VT 05446
 (802) 338-4724 / (800) 660-9997 in VT only

**Before using specimen collection kits, please be certain no components have expired.
 Return expired kits to the laboratory (see above address).**

Orders may be submitted using one of the following options:

1. Mail: Vermont Department of Health Laboratory (see mailing address above)
2. Phone: 802-338-4736 or 1-800-660-9997
3. Fax: 802-338-4706
4. Email: AHS.VDHLabKitOrders@vermont.gov

| Clinical Laboratory/Practice Information | | | |
|--|-------|--|------------------|
| Clinical Laboratory/ Practice Name | | Send to the Attention of: | |
| Address | | Shipping Address (if different than mailing address) | |
| City/Town | State | Zip Code | Telephone Number |
| Comments | | | |

| Kit Quantity Requested | VDHL Kit Number | Description |
|------------------------|-----------------|--|
| | 1 | Enteric Bacteria (<i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>E. coli</i> O157, Shiga-like Toxin, <i>Yersinia</i>) |
| | 2 | Parasitology |
| | 4 | Bacteriology (Reference Identification) |
| | 5 | Pertussis |
| | 6 | Legionella, Mycobacteriology, Mycology |
| | 7 | Gonorrhea and Chlamydia (Amplified) - Swab |
| | 7 | Gonorrhea and Chlamydia (Amplified) - Urine |
| | 9 | Influenza PCR |
| | 10 | Quantiferon-TB Gold IT kit (QFT) |
| | 11 | Measles PCR |
| | 11 | Mumps PCR |
| | 13 | Serology Mailer with Blood Collection Tube |
| | 14 | Serology Mailer without Blood Collection Tube |
| | 17 | Pinworm |
| | N/A | Orasure HIV-1 Oral Fluid |