

**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 Person Placing Order: \_\_\_\_\_

Name of Practice or VDH District Office: \_\_\_\_\_

UPS Shipping Address (no P.O. Boxes, please): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of Units	How Supplied	Description
	Pack of 100 No partial packs	Capillary collection kit: Microvette tubes with EDTA (lead prescreened), biohazard labeled small zip-lock bags with ID label (for full name, DOB and Collection Date - <i>required to match test request form</i> )
	Each	Venous collection kit: purple top vacuum tube with EDTA (lead prescreened), biohazard labeled zip-lock bags with ID label, aluminum tube and cardboard pre-paid mailer
	Pack of 100 No partial packs	Extra Biohazard labeled zip-lock bags with ID label for name, DOB, date of collection, for use with Microvette tubes.
	Each Max order of 50	Medium cardboard, pre-paid mailing tubes (capacity 2 samples)
	Each Max order of 50	Large cardboard, pre-paid mailing tubes (capacity 6 samples)
	One per order	Test Request Form: <a href="#">VDHL Blood Lead Test Requisition Form (Inorg/Tox 200)</a>
	One per order	Sample Collection Instructions: <a href="#">Technique for Capillary Blood Lead Sample Collection (Tox 430A)</a>
	One per order	Supply Order Form: <a href="#">Order Form for Blood Lead Supplies (InorgTox 501)</a>

\* **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 to 1-802-338-4706.**