



State Hygienic Lab at the University of Iowa  
**Request for Blood Lead Supplies**

Date: \_\_\_\_\_ Requestor: \_\_\_\_\_

Clinic/Facility Name: \_\_\_\_\_  
(as listed on Blood Lead TRF)

Facility Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Supply Options (Quantity Requested)**

Tube Labels: \_\_\_\_\_  
(50/roll)

Small Mailers (holds 1-3 samples): \_\_\_\_\_  
(Limit of 50/order)

Multivette Tubes: \_\_\_\_\_  
(100/box)

Medium Mailers (holds 4-10 samples): \_\_\_\_\_  
(Limit of 20/order)

Large Mailers (holds 10+ samples): \_\_\_\_\_  
(Limit of 15/order)

Please check what type of return address label is on your specimen mailers:

Standard SHL return address label: \_\_\_\_\_

Prepaid SHL return address label : \_\_\_\_\_ (no postage necessary)

If the address/facility name has changed, please update your information here:

New Facility Name: \_\_\_\_\_

New Address: \_\_\_\_\_

New Phone: \_\_\_\_\_

**Fax your supply order to: (515) 725-1642**

**Questions? Call (515) 725-1600**

Comments: \_\_\_\_\_