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: _____________________________________________________________

12/9/2015