



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
REQUISITION FOR LABORATORY SPECIMEN KITS

101 N. CHESTNUT
JEFFERSON CITY, MO 65101
(573) 751-4830
FAX: (573) 522-8210

To obtain information regarding test requisition forms or to find a courier stop for free specimen transport, go to www.health.mo.gov/lab/. Please call (573) 751-4830 if you have any questions. This requisition form can be emailed to SPHLCentralServices@health.mo.gov

NEWBORN SCREENING		IMMUNOLOGY – **Test Request Form Available Online	
Filter Paper - Initial Form (Advanced Payment Required)		YOU MUST BE AN APPROVED SITE	
Filter Paper - Repeat Form (Advanced Payment Required)		Unisex Swab Collection Device for Endocervical, Male Urethral (Gonorrhea/Chlamydia) PURPLE	
Envelopes <input type="checkbox"/> Courier <input type="checkbox"/> Prepaid		Urine Collection Device (Gonorrhea/Chlamydia) YELLOW	
Listing Pads		Multi test Swab Collection Device for Vaginal, Rectal, and Pharyngeal (Gonorrhea/Chlamydia) ORANGE	
Labels		Gonorrhea/Chlamydia Mailer [1's] [4's] [16's]	
MICROBIOLOGY – **Test Request Form Available Online			
Enteric Kit Complete Kit (For Feces)		Syphilis (RPR) and/or HIV Antibody Kit [1's] [4's] [16's]	
Enteric (For Feces) Components Only <input type="checkbox"/> Cary Blair Media		Gold-top Vacutainers	
Enteric/Special Bacteriology Double Wall Kit (Clinical Labs Only) Category B			
Enteric/Special Bacteriology Category A (e.g. <i>E. coli</i> O157:H7) Mailing Kit (Clinical Labs Only)		VIROLOGY – **Test Request Form Available Online	
<i>Bordetella pertussis</i> COMPLETE KIT (Whooping Cough)		Virus Isolation Kit	
<i>Bordetella pertussis</i> MEDIA ONLY (Whooping Cough)		Virus Isolation Kit - Rash Kit (Unknown Rash)	
<i>Bordetella pertussis</i> SALINE ONLY (Whooping Cough)		Virus Isolation Kit - Seasonal Influenza Surveillance Kit	
Gastrointestinal Outbreak Kit (For Enteric and Norovirus)		Virus Isolation Kit - Respiratory (Avian Flu)	
		Virus Isolation Kit - Mumps	
		Hepatitis Screening Kit [1's] [4's]	
		Viral Serology Kit (Measles, Rubella, Arbovirus, Rickettsial, West Nile)	
CHEMISTRY – **Test Request Form Available Online			
Blood Lead Capillary MAILERS [1's] [4's]		TUBERCULOSIS – **Test Request Form Available Online	
Blood Lead Capillary DEVICES (increments of 10)		AFB for Clinical Specimens (Category B mailer)	
Blood Lead Capillary STICKERS		AFB Reference Culture (Category A mailer)	
Blood Lead - Venous Kit			
		ENVIRONMENTAL – **Test Request Form Available Online	
Lead Testing <input type="checkbox"/> Dust Wipes <input type="checkbox"/> Soil Kit <input type="checkbox"/> Paint Kit		Private Drinking Water Kit (For Bacteria)	
Cubitainer (For Water Collection)			
Box for Cubitainer			
		Requests for Public Drinking Water test kits: http://www.health.mo.gov/lab/specimentestforms.php	
CONTACT NAME		TELEPHONE NUMBER	LAB USE ONLY
FACILITY NAME		DATE ORDER RECEIVED	
ADDRESS (STREET, CITY, ZIP) [STREET ADDRESS REQUIRED FOR UPS DELIVERY]		DATE ORDER SHIPPED	