



Department of Health and Human Services  
Health and Environmental Testing Laboratory  
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**Send Order via:**  
Fax 207-287-8925  
Phone: 207-287-8014  
Email: virbachETL@maine.gov

**REQUEST FOR BLOOD LEAD ANALYSIS SUPPLIES**

Ship to:

Name: \_\_\_\_\_

Indicate:  Bulk  Individual

Mail  Certified Courier  Non-Certified Courier

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

Date of Request: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

One Capillary Kit Includes: (LCAP)

One Venous Kit Includes: (LVEN)

One of each

One of each

- Microtainer
- Lancet: select depth (1.5mm, 1.8mm, 2.0mm below)
- Label for Microtainer
- Alcohol Wipe
- Lab Requisition
- Supply Order Form
- Instructions & Shipping Supplies required to ship sample by US Mail, Non-certified courier or Certified Courier\*

- Vacutainer Tube
- Tube Holder & Needle
- Alcohol Wipe
- Lab Requisition
- Supply Order Form
- Instructions & shipping supplies required to ship sample by US Mail, Non-certified courier or Certified Courier\*

# of Capillary Kits Wanted:  1.5mm  1.8mm  2.0mm

# of Venous Kits Wanted \_\_\_\_\_

To order items below: indicate quantity needed for each item on the appropriate line:

<u>Individual supplies</u>	<u>Quantity</u>	<u>Shipping Supplies</u>	<u>Quantity</u>
Microtainer (LM)	_____	Shipping Container*	_____
Lancet 1.5mm (LL1.5)	_____	(Complete supply of materials required for shipment via US Mail or Courier*)	
Lancet 1.8mm (LL1.8)	_____	<b>OR</b>	
Lancet 2.0mm (LL2.0)	_____	Boxes only (LB)	_____
Vacutainer Tube (LV)	_____	Aqui-pack only (LAP)	_____
Tube Holder & Needle (LT)	_____	Plastic Canister only (LPC)	_____
Alcohol Wipes (LAW)	_____	Mailing Label only (LMLO)	_____
Lab Requisition (LSLIPS)	_____	Biohazard Bag only (LBB)	_____
Supply Order Form (LSOF)	_____	Bubble wrap only (LBW)	_____
Instructions (LINSTRUCT)	_____		

*\*Mailing containers/boxes are for mailing samples via the US Postal Service or non-certified courier. (10 or more samples can be shipped per mailer) Orders will be mailed within 7 business days.*

\*\*\*\*\*  
HETL USE ONLY: Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_

Person taking order \_\_\_\_\_