



Department of Health and Human Services
 Health and Environmental Testing Laboratory
 221 State Street
 # 12 State House Station
 Augusta, Maine 04333-0012
 Tel: (207) 287-8014; Fax: (207) 287-8925
 TTY: 1-800-606-0215

Send Order via:

Fax 207-287-8925
 Phone: 207-287-8014

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)
- 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)	_____	OR	
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 _____