

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY
 12750 ERICKSON AVENUE
 CONTAINERS SUPPLY ROOM 159
 (562) 658-1446 FAX (562) 401 – 5985

HEALTH CENTER/FACILITY:	ORDERED BY:	PHONE NUMBER:
ADDRESS:	ROOM NUMBER:	DATE SUBMITTED TO LAB:
DATE REQUEST REC'D IN LAB:	DATE ORDER FILLED:	FILLED BY:

COMMENTS:

CONTAINER	UNITS/PKG	AMOUNT REQUESTED	AMOUNT SENT	CONTAINER	UNITS/PKG	AMOUNT REQUESTED	AMOUNT SENT
CULTURE FOR IDENTIFICATION	5 Cans/Pkg			TUBERCULOSIS/ MYCOLOGY	25/PKG		
ENTERICS	20/Pkg			TUBERCULOSIS C.I.	6 Cans/Pkg		
ENTERIC C.I.	5 Cans/Pkg			FEMALE URINE SPECIMEN CONTAINER			
FECES-PARASITES	20/Pkg			MALE URINE SPECIMEN CONTAINER			
GEN-PROBE APTIMA COMBO 2 SWAB SP. COLLECTION KIT (Purple Box)	50/BOX			VIRAL LOAD: TEST TUBES AND CAPS			
GEN-PROBE APTIMA COMBO 2 URINE SP. COLLECTION KIT (Yellow Box)	50/BOX			BIOHAZARD SAFETY SP BAG 5"X8 1/2" DUAL	100/PKG		
GEN-PROBE APTIMA COMBO VAGINAL SWAB EXTRA GENITAL SITES (Orange Box)	50/BOX			BLASTER BAR CODE LABELS (H.C. ONLY)			
GC - PILL POCKET PLATE	10/PKG			CONTAINER REQUEST FORM			
M4 TRANSPORT MEDIA: VIRAL & CHLAMIDIA ISOLATION				TEST REQUEST FORM #H-3021	100/PKG		
M4 TRANSPORT MEDIA: MYCOPLASMA ISOLATION				MYCOLOGY C.I	5 Cans/Pkg		
SWUBE PADDLE PINWORM				TYVEK ENVELOPES (LEAD/MYCO...)	SMALL 100/Case		
				TYVEK ENVELOPES (LEAD/MYCO...)	LARGE 50/CASE		

