

SPECIMEN KIT / ITEMS ORDER FORM



SUBMITTER CODE: _____

FACILITY NAME: _____

SHIP TO: _____

** Please fill out form completely and legibly to avoid errors or delays.*

Phone: 505-383-9068
 Fax: 505-383-9062
 Email: DOH-SLD-KitPrep@doh.nm.gov

**NM SCIENTIFIC LAB DIVISION
 KIT PREPARATION UNIT
 1101 Camino de Salud NE
 Albuquerque, NM 87102**

ATTENTION TO: _____	To Be Completed by SR
PHONE NUMBER: _____	Kit Preparer: _____
ORDER DATE: _____	SR Initials: _____

REQUESTED QUANTITY	ITEM DESCRIPTION	QUANTITY ISSUED BY SR

<input type="checkbox"/> WINDOW/WALK-IN ORDER	<i>If order picked up in person, section must be completed:</i>	SLD 61-013	Rev. 3/2024
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PRINT NAME: _____

SIGNATURE: _____

PICK UP DATE: _____