

SPECIMEN KIT / ITEMS ORDER FORM



SUBMITTER CODE: _____
 SHIP TO: _____

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

Phone: 505-383-9073
 Fax: 505 383-9062
 Email: DOH-SLD-Kit-Prep@state.nm.us

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

ATTENTION TO: _____
 PHONE NUMBER: _____
 ORDER DATE: _____
 Staff placing order: _____

To Be Completed by SR

Kit Preparer: _____
 LIMS Request ID: _____

REQUESTED QUANTITY	KP ITEM NUMBER	ITEM DESCRIPTION	FORMS INCLUDED	QUANTITY ISSUED	ADDITIONAL INFORMATION
			<input type="checkbox"/> FORMS		
			<input type="checkbox"/> FORMS		
			<input type="checkbox"/> FORMS		
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			<input type="checkbox"/> FORMS		

WINDOW/WALK-IN ORDER *If order picked up in person, section must be completed:* SLD 61-013 Rev. 6/2018

PRINT NAME: _____ PICK-UP DATE: _____ **SR Initials:** _____

SIGNATURE: _____

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