SPECIMEN KIT / ITEMS ORDER FORM

SUBMITTER CODE:	
FACILITY NAME:	
SHIP TO:	
ATTENTION TO:	
PHONE NUMBER:	
ORDER DATE:	

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

To Be Completed by SR

Kit Preparer:	
SR Initials:	

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

REQUESTED QUANTITY	ITEM DESCRIPTION	QUANTITY ISSUED BY SR

☐ **WINDOW/WALK-IN ORDER** ***If order picked up in person, section must be completed:***

PRINT NAME: _____

SIGNATURE: _____ PICK UP DATE: _____