NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
State Laboratory of Public Health

Laboratory Improvement

GC Item Request Form

Required Information:

Requestor Name:	
Facility Name:	
LHD Courier # (if applicable):	
Shipping Address:	
State:	
Zip Code:	
Email:	
Telephone:	
Responsible Person name/number	
Items are delivered via State Courier	

Item(s)	**Quantity** *Biobag limitation: Min. ½ box (25 bags) – Max. 2 boxes (100 bags)*
Biobags (50 bags per box)	
GC mailers	

Email Request to: slph.lhdsupplies@dhhs.nc.gov

PLEASE ALLOW UP TO TWO WEEKS FOR DELIVERY

For State Lab Use Only		
Date Received:		Comments:
Date Shipped:		
Courier:		
Total Quantity of Bags:		
Total Quantity of mailers:		
Shipper Initials:		
Record date:		