

Diagnostic HIV Pediatric Laboratory

Test Kit Request Form

Request for test kits and supplies may be sent by fax to : (518)-474-8590 or by mail to:
New York State Dept. Of Health, David Axelrod Institute, Pediatric HIV PCR Testing
Service, 120 New Scotland Avenue, Albany, NY 12208.

Failure to include all information required below will delay the shipment of supplies.
Please keep track of your stock and order in a timely fashion. Orders for supplies will not
be sent by overnight shipment.

Date of Request: _____ Phone Number: _____

Contact Person: _____ Fax Number: _____

Name and License Number of all Physicians and Healthcare Professionals who order HIV Tests
(name all at the requesting site, use additional sheet if necessary).

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Institution: _____

Mailing Address: _____

Check one: _____ Primary Care Facility or _____ Satellite Clinic
If Satellite Clinic, Primary Care Facility that you are affiliated with:

Check off Supplies Requested:

For Office Use

() Specimen Mailers _____

() Mailing Supplies _____

() Test Requisitions _____

