

**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-KitPrep@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 Sf**  
 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		
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			<input type="checkbox"/> FORMS		

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

PRINT NAME: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_      PICK-UP DATE: \_\_\_\_\_      SR Initials: \_\_\_\_\_

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