



## Laboratory Improvement

### GC Item Request Form

<b>Date Received:</b>	
<b>Date Shipped:</b>	
<b>Recorded:</b>	
<b>State Lab Use Only</b>	

#### Required Information:

Name:	
Facility:	
*Shipping Address:	
City:	
State:	
Email:	
Telephone:	
Responsible Person:	

**\*Items will be delivered via State Courier\***

Item Requested	Quantity
GC Mailers	
BioBags (50 bags per box)	

Email Request to: [slph.lhdsupplies@dhhs.nc.gov](mailto:slph.lhdsupplies@dhhs.nc.gov)

**PLEASE ALLOW UP TO TWO WEEKS FOR DELIVERY**