

SPECIMEN COLLECTION SUPPLY ORDER FORM



Date: _____

Clinic: _____

Account Number: _____

Please review inventory monthly and maintain a 90 day supply on all collection/shipment supplies.

EMAIL ALL SUPPLY REQUESTS TO:
PAA_DUTY@ILNP.USCOURTS.GOV

| Collection Supplies | Current Inventory Count | Quantity Requested |
|---|-------------------------|--------------------|
| Probation Chain of Custody Forms (Green) | | |
| Pretrial Chain of Custody Forms (Blue) | | |
| Specimen Bags | | |
| Flip Top Containers | | |
| Merchandise Return Labels | | |

NUMBER OF SPECIMEN COLLECTIONS PER MONTH: _____