PPD ORDER FORM

Facility Name*: ________________________________

Type of Facility (Check one): □ Public Health Center □ School District □ Private Clinic/Dr. Office
□ Hospital □ Long Term Care Facility □ Assisted Living Facility
□ Other ________________________________

Name and Title of Licensed Provider*: ________________________________

Name of Designated Facility Contact*: ________________________________

Physical Address (No P.O. Boxes)*: ___________________________________

Mailing Address (if different from above)*: ______________________________

City*: ___________________________ Zip Code*: ___________________________

Phone*: _________________________ Fax*: ___________________________

E-Mail (optional) : ___________________________ *Mandatory fields

Please allow up to 3 weeks for processing.
(Incomplete Order Forms will cause processing delays!)
We will notify you once your order is ready or shipped.

Special Delivery Instructions: _______________________________________

Anchorage/Mat-Su Area: Providers will be able to pick up their supply at the Epidemiology Depot:
9210 Vanguard Dr., Suite 102A, Anchorage, AK 99507

All others: Orders will be shipped in the most efficient manner e.g. Goldstreak, courier service.

You are responsible for proper cold chain maintenance in a monitored refrigerator. Report all
temperature excursions promptly to the Section of Epidemiology Drug Room at (907) 341-2207.

PPD(TUBERSOL®) ORDER: Store in a monitored refrigerator (2°C-8°C or 35°F-46°F)

<table>
<thead>
<tr>
<th>Order Date</th>
<th>Current Inventory</th>
<th>Estimated Quarterly Usage</th>
<th>Order Quantity</th>
<th>FOR OFFICE USE ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ vials</td>
<td>______ vials</td>
<td>______ vials</td>
<td>Dispense date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of Vials dispensed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lot #:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Expiration Date:</td>
</tr>
</tbody>
</table>

**Note:** Each vial contains 1mL (10 tests x 0.1mL each)

Please fax completed form to (907) 341-2249