

KIRBY HEALTH CENTER

71 North Franklin Street

Wilkes-Barre, PA 18701

(570)823-5450 Ext.354 FAX: (570)825-9926

CAPILLECTOR **Blood Lead Supply Form**

Provider Name: _____

Address: _____

Phone: _____

Supplies Requested:

_____ ID Forms

_____ Mailers and Specimen Bags

_____ Screw Cap Plastic Tubes (3 capillectors/tube max.)

_____ Capillectors with Absorbent Material