



TOXICOLOGY BUREAU  
Breath Alcohol  
Supply Order Form

Requester Full Name, Agency Name, Agency Address:		<b>ORDERING INSTRUCTIONS :</b> Please fill out form completely and legibly.	
Requester Phone Number:		<b>To email order form:</b> <a href="mailto:DOH-Breath-Alcohol@state.nm.us">DOH-Breath-Alcohol@state.nm.us</a>	
Requester Email Address:			
		IR 8000 Internal Printer Paper	Box of 5 rolls
		Simulator Connectors for the IR 8000	1 male, 1 female
		Intoxilyzer mouth pieces	Bag of 100
		.08 standard	Each
		.16 standard	Each
		Set of standards (1 each .08 & .16)	Set
		Log Book	Each
	Other		

To **FAX** order form to Breath Alcohol-  
Fax #: 505-383-9088

To **MAIL** order form:  
NM Scientific Laboratory Division  
Attn: Breath Alcohol Section  
1101 Camino de Salud NE  
Albuquerque, NM 87102

Phone #: 505-383-9102