

CLINICAL SUPPLIES REQUISITION FORM

Account Information

Account Name: _____

Phone: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Email: _____ Initial Order: YES NO

Order

ITEM	PACKAGING	QUANTITY	UNIT
Specimen/Absorbent Bags	100 bags/pkg		pkg(s)
Lab Shipping Bags	50 bags/pkg		pkg(s)
Return Shipping Labels	1 label		label(s)
Shipping Boxes	1 box		box(es)
Lavender EDTA Tubes	50 tubes/box		box(es)
Red Tubes	50 tubes/box		box(es)
Blue Tubes	50 tubes/box		box(es)
Gold Tubes	50 tubes/box		box(es)
Tiger Top Tubes	100 tubes/box		box(es)
Urine Cups	1 cup		cup(s)
Needles 21G	100/box		box(es)
Needles 22G	100/box		box(es)
Butterfly Needles	50/box		box(es)
Vacuutube Holders	50/pkg		pkg(s)
Gauze	200/pkg		pkg(s)
Cotton Balls	2000/bag		bag(s)
Band-aids	100/box		box(es)
Kid's Band-aids (Boys)	100/box		box(es)
Kid's Band-aids (Girls)	100/box		box(es)
Alcohol Pads	100/box		box(es)
Tourniquets	25/box		box(es)
Gloves (size)	300/box		box(es)
Sharps Containers	1 container		container(s)
Requisition Forms	1 form		form(s)

DELIVERY: Same Day (IL, IN, WI) Next Day Air 2nd Day Air Ground

Ordered By: _____ Date: _____