

# CLIENT SUPPLY REQUISITION

115 Midair Court  
 Brampton, ON L6T 5M3  
 Tel: (905) 790-3000 / 1-800-668-2714  
[www.gamma-dynacare.ca](http://www.gamma-dynacare.ca)

CHECK (✓) ONE ONLY

SENT BY:  FAX (905) 790-0381 OR  COURIER

Physician/Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Physician OHIP Billing Number: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Requested By: \_\_\_\_\_

CLIENTS WHO DRAW BLOOD ONLY			
PART NUMBER	QUANTITY	U OF M	DESCRIPTION
<b>TUBES</b>			
VACU-GYH-01P	_____	Each	Gray 2 mL
VACU-GYH-03P	_____	BX-100	Gray 6 mL
VACU-GRH-03P	_____	Each	Green 6 mL
VACU-MVH-04P	_____	BX-100	Lavender 4 mL (CBC)
VACU-PKH-01P	_____	BX-100	<b>BLOOD GROUP ONLY</b> Pink 6 mL
VACU-LBLH-01P	_____	BX-100	Light Blue 2.7 mL
VACU-RD-01P	_____	BX-100	Red 10mL
VACU-RDH-05P	_____	Each	Red 4.5 mL
VACU-RBLH-01P	_____	Each	Royal Blue 6mL K2EDTA Plastic w Hemagard
VACU-RBLH-02P	_____	Each	Royal Blue 6mL (red) Plastic w Hemagard
VACU-SSTH-06P	_____	BX-100	SST 5 mL
<b>NEEDLES</b>			
NEED-MULT-21G03	_____	BX-48	21 G X 1 1/4" Multisample Needle w Saf-T Lok
NEED-MULT-22G03	_____	BX-48	22 G X 1 1/4" Multisample Needle w Saf-T Lok
<b>NEEDLE HOLDERS</b>			
HOLD-NEED-ADU02	_____	Each	Adult

PART NUMBER	QUANTITY	U OF M	DESCRIPTION
<b>CONTAINER / KITS</b>			
ETHA-01	_____	Bottle	50% Ethanol 30 mL
BAG-ZIPL-5X8	_____	PK (100)	Bag Ziplock 5 x 8
BAG-ZIPL-8X10A	_____	PK-100	Bag Ziplock 8 x 10
SAMP-CERV-HPV	_____	Each	Cervical Sampler - HPV
BOTT-FORM-30ML	_____	Each	Formalin 10% 30 mL Bottle
BOTT-FORM-5ML	_____	Each	Formalin 10% 5ML Bottle
BOTT-FORM-90ML	_____	Each	Formalin 10% 90 mL Bottle
KIT-FUNG	_____	Kit	Fungal Kit
MYCO	_____	Each	Mycoplasma Transport Medium
CONT-PINW	_____	Each	Pinworm Collection Bottle
BOTT-EPT	_____	Each	Stool C&S Bottle
BOTT-O/P	_____	Each	Stool O&P Bottle
HEMA-OB	_____	Each	Stool O/B
HEMA-OB-04	_____	Each	FOBT Colon Cancer Screen
SWAB-CLEA-AMI01	_____	BG-50	Swab Clear Amies
SWAB-STD	_____	Each	Swab Chlamydia (Male & Female)
KIT-CYTO-TP	_____	PK-25	Tripath - Liquid Based Cytology Kit
BAG-PEDI	_____	PK-10	Urine Bag Pediatric
BOTT-URIN-3LGRA	_____	Each	Urine Bottle 24 HR 3L
BOTT-ACID-25ML	_____	Each	Urine Bottle 24 HR with 25 mL Acid
BOTT-URIN-90ML	_____	BG (100)	Urine Bottle Sterile 90 mL
KIT-UREA	_____	Kit	Urea Breath / H.Pylori
TUBE-PRES-LABEL	_____	Each	Urine Preservative Tube with Label

PATIENT INSTRUCTION SHEETS		
INST-URIN-24H	_____	Each 24 Hour
INST-FUNG	_____	Each Fungus Instruction
INST-PINW	_____	Each Pinworm
INST-SEME	_____	Each Semen Analysis
INST-SPUT-C/S	_____	Each Sputum C&S
INST-STOO-C/S	_____	Each Stool C&S
INST-STOO-O/P	_____	Each Stool O&P
INST-URIN-C/S	_____	Each Urine C&S

FORMS		
FORM-CEA	_____	Each CEA Forms
FORM-CLIE-REQ	_____	Each Client Supply Requisition
REQU-CYTO-05	_____	Each Cytology Requisition
REQU-HISTO-02	_____	Each Histopathology Requisition
FORM-IRON	_____	Each Iron Approval Form
FORM-RETU	_____	Each Returned Goods Form
FORM-TELE	_____	PK-25 Telephone Report

OTHER		
ABSO	_____	Each Absorbant Pack Drimop 0.5 gm
DRIN-GLUC-50OR1	_____	Bottle Glucose Challenge Drink Orange 50 gm
DRIN-GLUC-75OR1	_____	Bottle Glucose Tolerance Drink Orange 75 gm
LACT-01	_____	Bottle Lactose 50 gm
KIT-PAP-1	_____	Kit Pap Kit with Slide
CARD-STAT	_____	Each Stat Card Red
TOUR-LATE-FREE	_____	Each Tourniquet Latex Free Blue

PUBLIC HEALTH SUPPLIES		
KIT-HIV	_____	Each HIV Kit
FORM-HIV	_____	Each HIV Serology Test Requisition
FORM-PREN	_____	Each Prenatal Screening Form
FORM-PHL	_____	Each Public Health Laboratory Test Requisition
KIT-TB	_____	Each TB Kit

MISCELLANEOUS		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please allow three (3) business days for delivery of supplies

Supply Inquiries: (905) 790-3515 Ext 5252