

CLIENT SUPPLY REQUISITION

750 Peter Morand Crescent
 Ottawa, ON K1G 6S4
 Tel: (613) 729-0200 Ext 6010
www.gamma-dynacare.ca

CHECK (✓) ONE ONLY

SENT BY: FAX (613) 742-5162 OR

CARRIER

Physician/Client: _____

Physician OHIP Billing Number: _____

Address: _____

Date: _____

Telephone: _____

Requested By: _____

CLIENTS WHO DRAW BLOOD ONLY

| PART NUMBER | QUANTITY | U OF M | DESCRIPTION |
|-----------------------|----------|--------|--|
| TUBES | | | |
| VACU-MVH-04P | _____ | BX-100 | Lavender 4 mL (CBC) |
| VACU-PKH-01P | _____ | BX-100 | BLOOD GROUP ONLY Pink 6 mL |
| VACU-LBLH-01P | _____ | BX-100 | Light Blue 2.7 mL |
| VACU-RD-01P | _____ | BX-100 | Red 10mL |
| VACU-SSTH-06P | _____ | BX-100 | SST 5 mL |
| NEEDLES | | | |
| 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 |
| NEEDLE HOLDERS | | | |
| HOLD-NEED-ADU02 | _____ | Each | Adult |

| PART NUMBER | QUANTITY | U of M | DESCRIPTION |
|-------------------------|----------|----------|-------------------------------------|
| CONTAINER / KITS | | | |
| ETHA-01 | _____ | Bottle | 50% Ethanol 30 mL |
| BAG-ZIPL-6X902 | _____ | PK-50 | Bag Ziplock with Pouch 6x9 |
| SAMP-CERV-HPV | _____ | Each | Cervical Sampler - HPV |
| BOTT-FORM-30ML | _____ | Each | Formalin 10% 30 mL Bottle |
| BOTT-FORM-90ML | _____ | Each | Formalin 10% 90 mL Bottle |
| KIT-FUNG | _____ | Kit | Fungal Kit |
| 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-TPOTT | _____ | 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 |
| 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-CLIE-REQ | _____ | Each | Client Supply Requisition |
| REQU-CYTO-05 | _____ | Each | Cytology Requisition |
| REQU-HISTO-02 | _____ | Each | Histopathology Requisition |
| FORM-RETU | _____ | Each | Returned Goods Form |

PUBLIC HEALTH SUPPLIES

| | | | |
|-----------|-------|------|-------------------------------|
| FORM-HIV | _____ | Each | HIV Serology Test Requisition |
| FORM-PREN | _____ | Each | Prenatal Screening Form |

OTHER

| | | | |
|-----------------|-------|--------|--------------------------------------|
| DRIN-GLUC-500R1 | _____ | Bottle | Glucose Challenge Drink Orange 50 gm |
| DRIN-GLUC-750R1 | _____ | Bottle | Glucose Tolerance Drink Orange 75 gm |
| KIT-PAP-1 | _____ | Kit | Pap Kit with Slide |
| TOUR-LATE-FREE | _____ | Each | Tourniquet Latex Free Blue |

MISCELLANEOUS

| | | | |
|--|-------|--|--|
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

Telephone Inquiries: (613) 729-0200 Ext 6010

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