

CLIENT SUPPLY REQUISITION

120 Midair Court
 Brampton, ON L6T 5V1
 T 800.668.2714 x 5252
dynacare.ca

CHECK (✓) ONE ONLY

SENT BY: F 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
TUBES - Please circle appropriate Unit of Measure			
VACU-GYH-01P	_____	Each	Gray 2mL Plastic w Hemagard
VACU-GRH-03P	_____	Each	Green 6mL Plastic w Hemagard
VACU-PKH-01P	_____	Each	Pink 6mL Plastic w Hemagard (Blood Group Only)
VACU-RDH-05P	_____	Each	Red 4.5mL Plastic w Hemagard
VACU-RBLH-01P	_____	Each	Royal Blue 6mL K2EDTA Plastic w Hemagard
VACU-RBLH-02P	_____	Each	Royal Blue 6mL (red) Plastic w Hemagard
VACU-GYH-03P	_____	Each PK-100	Gray 6mL Plastic w Hemagard
VACU-MVH-04P	_____	Each PK-100	Mauve 4mL Plastic w Hemagard (CBC)
VACU-LBLH-01P	_____	Each PK-100	Light Blue 2.7mL 0.109 Citrate Plastic w Hemagard
VACU-RD-01P	_____	Each PK-100	Red 10mL Plastic
VACU-SSTH-06P	_____	Each PK-100	SST 5mL Plastic w Hemagard
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

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

MISCELLANEOUS	
IMMUNOFLUORESCENCE BOTTLES	_____ Each
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PART NUMBER	QUANTITY	U OF M	DESCRIPTION
CONTAINER / KITS			
ETHA-01	_____	Bottle	50% Ethanol 30mL
BAG-ZIPL-5X8	_____	PK (100)	Bag Ziploc 5 x 8
BAG-ZIPL-8X10A	_____	PK-100	Bag Ziploc 8 x 10
SAMP-CERV-HPV	_____	Each	Cervical Sampler - HPV
BOTT-FORM-30ML	_____	Each	Formalin 10% 30mL Bottle
BOTT-FORM-5ML	_____	Each	Formalin 10% 5mL Bottle
BOTT-FORM-90ML	_____	Each	Formalin 10% 90mL 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 25mL Acid
BOTT-URIN-90ML	_____	BG (100)	Urine Bottle Sterile 90mL
KIT-UREA	_____	Kit	Urea Breath / <i>H.Pylori</i>
TUBE-PRES-LABEL	_____	Each	Urine Preservative Tube with Label
BOTT-CYTO	_____	Bottle	30mL FNA Cytolyt Bottles

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

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

Revision: 1

Issue Date: February 25, 2014

Originator: Jimmy Ghoman

Department: Warehouse and Mail Distribution

Effective Date: May 4, 2015

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

Supply Inquiries: 800.668.2714 x 5252