Supply Requisition

Point of Care

Date Requested ___________________ Department/Office ___________________ PHONE #: ___________________

___Adult Lancets
___Amnisure
___CoaguChek Test Strips
___CoaguChek Quality Controls
___Cover Slips
___DCA Cartridges (Box of 10 tests)
___Fingerstick INR Pipettes (baby turkey basters)
___Glucose Control Solutions
___Glucose Test Strips
___HCG Rapid Urine Test kit
___Microscope Cleaning Solution
___Microscope Lens Tissue
___Microscope Slides
___Occult Blood Manual IFOBT – In Office Use Kits (Strips & Vials)
___Occult Blood Personal Use Kits (Send Home Kits)
___Occult Blood Test Strips only
___Occult Blood Collection Vials only
___Urine Centrifuge Tubes (Clear Conical Tubes)
___Urine Dipstick Controls
___Urine Dipsticks (Multistix 10)
___Urine Dipsticks (Uristix 4)

You may either call 414-5172 or fax your order to 522-1841. Thank you!