



Supplies Request Form

E-mail this form to:

fieldsupport@parameno.health

Contact Information:

Date: _____

Organization Name: _____

Account Rep: _____

Rep Phone / Email: _____ / _____

Delivery Type:

Ground

Requested Supplies:

| | <i>Item</i> | <i>Quantity</i> |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Lavender Tops (CBC, A1C, SedRate) - KD2 EDTA Blood Collection | → _____ |
| <input type="checkbox"/> | SST (Tiger) Blood Collection Tubes | → _____ |
| <input type="checkbox"/> | Red Tops - Serum Blood Collection Tubes | → _____ |
| <input type="checkbox"/> | Mint Green - Sodium Heparin Tubes | → _____ |
| <input type="checkbox"/> | Light Blue - Sodium Citrate Tubes | → _____ |
| <input type="checkbox"/> | 21G Blood Collection Needles | → _____ |
| <input type="checkbox"/> | 22G Blood Collection Needles | → _____ |
| <input type="checkbox"/> | 21G Blood Collection Butterflies - Vacuette | → _____ |
| <input type="checkbox"/> | 23G Blood Collection Butterflies - Vacuette | → _____ |
| <input type="checkbox"/> | Biohazard Container (for Sharps) | → _____ |
| <input type="checkbox"/> | Gauze Squares | → _____ |
| <input type="checkbox"/> | Band-Aids | → _____ |
| <input type="checkbox"/> | Tourniquet | → _____ |
| <input type="checkbox"/> | Alcohol Prep Pads | → _____ |
| <input type="checkbox"/> | Alcohol Prep Pads | → _____ |
| <input type="checkbox"/> | Hubs - One Use Holder | → _____ |
| <input type="checkbox"/> | Coban Bandages | → _____ |
| <input type="checkbox"/> | UA Tubes | → _____ |
| <input type="checkbox"/> | Urine Straws | → _____ |
| <input type="checkbox"/> | Urine Culture Tubes | → _____ |
| <input type="checkbox"/> | UTI - UriSponges | → _____ |
| <input type="checkbox"/> | Greiner Urine Tox Tube | → _____ |
| <input type="checkbox"/> | Tox Cups (Yellow Lid) | → _____ |
| <input type="checkbox"/> | PGX Swabs | → _____ |
| <input type="checkbox"/> | RPP Swabs | → _____ |
| <input type="checkbox"/> | Aptima Tubes | → _____ |
| <input type="checkbox"/> | Disposable Gloves (Small) | → _____ |
| <input type="checkbox"/> | Disposable Gloves (Medium) | → _____ |
| <input type="checkbox"/> | Disposable Gloves (Large) | → _____ |
| <input type="checkbox"/> | Requisition Paper (label Paper) | → _____ |
| <input type="checkbox"/> | Printer Toner | → _____ |
| <input type="checkbox"/> | Biohazard Bags | → _____ |
| <input type="checkbox"/> | Cooler Gel Packs | → _____ |

| | | | |
|--------------------------|---------------------------------|---|-------|
| <input type="checkbox"/> | Transport Tubes | → | _____ |
| <input type="checkbox"/> | Light Protected Transport Tubes | → | _____ |
| <input type="checkbox"/> | FedEx Shipping Box (For Tox) | → | _____ |
| <input type="checkbox"/> | FedEx Shipping Labels | → | _____ |
| <input type="checkbox"/> | Uline Shipping Coolers (Small) | → | _____ |
| <input type="checkbox"/> | Uline Shipping Coolers (Large) | → | _____ |
| <input type="checkbox"/> | | | _____ |
| <input type="checkbox"/> | Other: | → | _____ |
| <input type="checkbox"/> | Other: | → | _____ |
| <input type="checkbox"/> | Other: | → | _____ |

Shipped To:

Name of Clinic: _____

Attention: _____

Street Address: _____

City/State/Zip: _____