



CLIENT SUPPLY REQUISITION

245 Pall Mall St
London, ON N6A 1P4

CHECK (✓) ONE ONLY

SENT BY: FAX (519) 679-7501 OR COURIER

Tel: (519) 640-1211 ; (800) 265-5946 ext 1211

www.gamma-dynacare.com

Physician/Client: _____
Address: _____
Telephone: _____

Physician OHIP Billing Number: _____
Date: _____
Requested By: _____

CLIENTS WHO DRAW BLOOD ONLY			
PART NUMBER	QUANTITY	U OF M	DESCRIPTION
TUBES			
VACU-GYH-01P	_____	Each	Gray 2mL Plastic w Hemagard
VACU-GYH-03P	_____	BX-100	Gray 6mL Plastic w Hemagard
VACU-GRH-03P	_____	Each	Green 6mL Plastic w Hemagard
VACU-LBLH-01P	_____	BX-100	Light Blue 2.7mL 0.109 Citrate Plastic w Hemagard
VACU-MVH-04P	_____	BX-100	Mauve 4mL Plastic w Hemagard (CBC)
VACU-PKH-01P	_____	Each	Pink 6mL Plastic w Hemagard (Blood Group Only)
VACU-RBLH-01P	_____	Each	Royal Blue 6mL K2EDTA Plastic w Hemagard
VACU-RBLH-02P	_____	Each	Royal Blue 6mL (red) Plastic w Hemagard
VACU-RDH-05P	_____	Each	Red 4.5mL Plastic w Hemagard
VACU-RD-01P	_____	BX-100	Red 10mL Plastic
VACU-SSTH-06P	_____	BX-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 24Hr Urine Collection Instruction Label

OTHER		
DRIN-GLUC-50OR1	_____	Bottle Glucose Challenge Drink Orange 50 gm
DRIN-GLUC-75OR1	_____	Bottle Glucose Tolerance Drink Orange 75 gm
KIT-PAP-1	_____	Kit Pap Kit with Slide
TOUR-LATE-FREE	_____	Each Tourniquet Latex Free Blue

PART NUMBER	QUANTITY	U OF M	DESCRIPTION
CONTAINER / KITS			
ETHA-01	_____	Bottle	50% Ethanol 30 mL
BAG-ZIPL-5X802	_____	PK-100	Bag Ziplock 5 x 8 w Pouch
SAMP-CERV-HPV	_____	Each	Cervical Sampler - HPV
KIT-FAEC	_____	Kit	C&S Stool Kit
KIT-O/P	_____	Kit	O&P Stool Kit
KIT-PINW	_____	Each	Pinworm Prep Kit
BOTT-FORM-30ML	_____	Each	Formalin 10% 30 mL Bottle
KIT-FUNG	_____	Kit	Fungal Kit
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 3L (24Hr) - Orange
BOTT-ACID-25ML	_____	Each	Urine Container 3L (24Hr) w 25mL Acid
BOTT-URIN-90ML	_____	BG (100)	Urine Container 90mL Sterile
TUBE-PRES-LABEL	_____	Each	Urine Preservative Tube with Label

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

MISCELLANEOUS		

Telephone Inquiries: (519) 640-1211

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