



# Supplies Request Form

E-mail this form to:

[supplies@clearviewdx.com](mailto:supplies@clearviewdx.com)

## Contact Information:

Date:

Organization Name:

Account Rep:

Rep Phone / Email:

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## Delivery Type:

- Overnight     2nd Day     Ground

## Requested Supplies:

	<i>Item</i>	<i>Quantity</i>
<input type="checkbox"/>	Lavender Tops (CBC, A1C, SedRate) - KD2 EDTA Blood Collection	→ .....
<input type="checkbox"/>	Red Tops (Some hormones outside of CVDX panels) - Serum Blood Collection Tubes	→ .....
<input type="checkbox"/>	GOLD Tops (Chemistry, Hormones, Nutritional) - SST Blood Collection Tubes	→ .....
<input type="checkbox"/>	Red/Black Tops (Chemistry, Hormones, Nutritional) - SST Blood Collection Tubes	→ .....
<input type="checkbox"/>	21G Blood Collection Needles	→ .....
<input type="checkbox"/>	22G Blood Collection Needles	→ .....
<input type="checkbox"/>	Blood Collection Butterflies - Vacuette	→ .....
<input type="checkbox"/>	Biohazard Container (for Sharps)	→ .....
<input type="checkbox"/>	Biohazard Bags	→ .....
<input type="checkbox"/>	Disposable Gloves	→ .....
<input type="checkbox"/>	Gauze Squares	→ .....
<input type="checkbox"/>	Band-Aids	→ .....
<input type="checkbox"/>	Tourniquet	→ .....
<input type="checkbox"/>	Alcohol Prep Pads	→ .....
<input type="checkbox"/>	Hubs - One Use Holder	→ .....
<input type="checkbox"/>	Urine Cups	→ .....
<input type="checkbox"/>	Requisition Paper (label Paper)	→ .....
<input type="checkbox"/>	Centrifuge	→ .....
<input type="checkbox"/>	Printer - Cable - Toner	→ .....
<input type="checkbox"/>	Cooler Gel Packs	→ .....
<input type="checkbox"/>	Small Boxes	→ .....
<input type="checkbox"/>	Medium Boxes	→ .....
<input type="checkbox"/>	Large Boxes	→ .....
<input type="checkbox"/>	Other: .....	→ .....
<input type="checkbox"/>	Other: .....	→ .....
<input type="checkbox"/>	Other: .....	→ .....

## Shipped To:

Name of Clinic:

Attention:

Street Address:

City/State/Zip:

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