

In order for your add-on request to be processed in a timely manner, **PLEASE FILL OUT IN ITS ENTIRETY AND SIGN THIS FORM** then fax att: Ammon Client Services / Diane or Vickie at **(908) 862-0605**.

Order supply

* Required fields

Requester's Informations

Requester's full name * _____

Date of request * _____

Facility or Client Number * _____

Contact phone number * _____ Contact email address * _____

Order & quantity *

ITEM	QTY	ITEM	QTY	ITEM	QTY
REQUISITION FORMS AND LABEL PRINT DOCS		MULTI PANEL POINT OF CARE KITS		GLOVES	
<input type="checkbox"/> COC chain of custody Forms	_____	<input type="checkbox"/> Quantisal #Qs-0025 (Red)	_____	<input type="checkbox"/> Latex Gloves XL	_____
<input type="checkbox"/> Tox Req Forms	_____	<input type="checkbox"/> Oral Fluid Device	_____	<input type="checkbox"/> Latex Gloves L	_____
<input type="checkbox"/> Rx Match Forms	_____	<input type="checkbox"/> 6 Panel I Screen # Dsb-765-011	_____	<input type="checkbox"/> Latex Gloves M	_____
<input type="checkbox"/> Blood Forms	_____	<input type="checkbox"/> 6 Panel I Cup # Dua-167-012	_____	<input type="checkbox"/> Latex Gloves S	_____
<input type="checkbox"/> 6 Panel Printed Forms	_____	<input type="checkbox"/> 8 Panel Discover # Dis-Cup-184	_____	<input type="checkbox"/> Nitrile Gloves XL	_____
<input type="checkbox"/> 6 Panel Blank Forms (No Print)	_____	<input type="checkbox"/> 13 Panel Clia Screen	_____	<input type="checkbox"/> Nitrile Gloves L	_____
<input type="checkbox"/> 8 Panel (8/1/H)	_____	<input type="checkbox"/> # Csi-Cup-2135	_____	<input type="checkbox"/> Nitrile Gloves M	_____
PHLEBOTOMY SUPPLIES BLOOD		SINGLE POINT OF CARE KITS		<input type="checkbox"/> Nitrile Gloves S	_____
<input type="checkbox"/> Red Top Tubes	_____	<input type="checkbox"/> Barbiturates	_____	<input type="checkbox"/> Vinyl Gloves XL	_____
<input type="checkbox"/> Tiger Top Tubes (Sst)	_____	<input type="checkbox"/> Benzodiazepines	_____	<input type="checkbox"/> Vinyl Gloves L	_____
<input type="checkbox"/> Lavender Tubes (Cbc)	_____	<input type="checkbox"/> Buprenorphine	_____	<input type="checkbox"/> Vinyl Gloves M	_____
<input type="checkbox"/> Tubes Grey	_____	<input type="checkbox"/> Methadone	_____	<input type="checkbox"/> Vinyl Gloves S	_____
<input type="checkbox"/> Tubes Blue	_____	<input type="checkbox"/> Methamphetamine	_____	SHIPMENT BOXES AND SHIPPING SUPPLIES	
<input type="checkbox"/> 21 Gauge Needle Butterfly	_____	<input type="checkbox"/> Opiate	_____	<input type="checkbox"/> Fed Ex Client Return Label	_____
<input type="checkbox"/> 23 Gauge Needle Butterfly	_____	<input type="checkbox"/> Oxycodone	_____	<input type="checkbox"/> Ups Client Return Label	_____
<input type="checkbox"/> Plastic Needle Holder	_____	<input type="checkbox"/> THC	_____	<input type="checkbox"/> Fed Ex Clinical Box (20 Per Box)	_____
<input type="checkbox"/> Plastic Transport Shipping Tubes	_____	<input type="checkbox"/> Pregnancy Test	_____	<input type="checkbox"/> Fed Ex Lab Pack (50 Per Pack)	_____
<input type="checkbox"/> Sharpes Red Bio Container	_____	SPECIMEN CUPS AND SPECIMEN BAGS		<input type="checkbox"/> Ups Clinical Box (20 Per Box)	_____
<input type="checkbox"/> Tourniquets (25) Per Pack	_____	<input type="checkbox"/> Round Specimen Cups W Temp Strip	_____	<input type="checkbox"/> Ups Lab Pack (50 Per Pack)	_____
ADDITIONAL LAB SUPPLIES		<input type="checkbox"/> (25 Per Bag)	_____		
<input type="checkbox"/> Alcohol Wipe Pads (100) Per Pack	_____	<input type="checkbox"/> Square Specimen Cups	_____		
<input type="checkbox"/> Adhesive Bandage (100) Per Pack	_____	<input type="checkbox"/> Specimen Bio Seal Bags	_____		
<input type="checkbox"/> 2 X 2 Gauze Pads (200) Per Pack	_____	<input type="checkbox"/> Lab And Glove Supplies	_____		
<input type="checkbox"/> Temp Strips Integrity seal label	_____	Instructions _____			
<input type="checkbox"/> Large White Plastic Bags	_____	_____			
<input type="checkbox"/> Blue Specimen Plastic Bags	_____	_____			
<input type="checkbox"/> Zip Lock Clear Bags	_____	Provider Signature * _____			