Dynacare®

PARTNER SUPPLY REQUISITION

E-mail: supplyrequisition@Dynacare.ca

Or FAX : Central ON 905.790.0381
Eastern ON 613.742.5162
Western ON 519.679.7501

INQUIRIES : 800.565.5721 x 5252

Partner _____

Address _____

Telephone _____

Physician OHIP Billing # _____

Date _____

Requested By _____

RS WHO DRAW BLOOD ONLY

Part #	Qty	Units	Description
TUBES - Please circle appropriate Units			
VACU-GYH-01GBO		Each	**GREY** Cap Glucose, PO/NaF, 2mL, 13x75
VACU-GRH-03GBO		Each	**GREEN** Cap Plasma Sod Hep 6mL, 13x100
VACU-PKH-GBO		Each	**PINK** Cap EDTA K2, 6mL, 13X100
VACU-RBLH-GBO		Each	**ROYAL BLUE** Na Hep Trace Element 6mL 13x100
TUBE-BLOO-01		PK-50	**RED** Cap Serum, Clot Activator, 9mL, 16x100
VACU-RBLH-01P		Each	**ROYAL BLUE** 6mL K2EDTA Plastic w Hemagard
VACU-RDH-05GBO		Each	**RED** Cap Serum, Clot Activator, 4mL, 13x75
VACU-GYH-03GBO		PK-50	**GREY** Cap Glucose, PO/NaF, 5.5mL, 13x100
VACU-LBLH-01GBO		PK-50	**BLUE** Cap Sodium Citrate 3.2%, 2.7mL, 13x75
TUBE-GBO-4mL		PK-50	**LAVENDAR** Cap EDTA K2, 4mL, 13x75
TUBE-GBO-5mL		PK-50	**GOLD** Cap Serum Clot Act Gel Sep 5mL 13x100
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	24 Hour
INST-FUNG		Each	Fungus Instruction
INST-PINW		Each	Pinworm
INST-SEME		Each	Semen Analysis
INST-SPUT-C/S		Each	Sputum C&S
INST-STOO-C/S		Each	Copan Stool Collection Device C/S Instructions
INST-STOO-O/P		Each	Stool O&P
INST-URIN-C/S		Each	Urine C&S
MISCELLANEOUS			
BOTT-IMF		Each	Immunofluorescence Bottles

Part #	Qty	Units	Description
CONTAINER / KITS			
ETHA-01		Bottle	50% Ethanol 30mL
BAG-ZIPL-5X8		PK (100)	Ziploc® Bag 5 x 8
BAG-ZIPL-6X902		PK-50	Ziploc® Bag 6 x 9 w Pouch
BAG-ZIPL-8X10A		PK-100	Ziploc® Bag 8 x 10
BOTT-FORM-30mL		Each	Formalin 10% 30mL Bottle
BOTT-FORM-5mL		Each	Formalin 10% 5mL Bottle
BOTT-FORM-90mL		Each	Formalin 10% 90mL Bottle
KIT-FUNG		Kit	Fungal Kit
MYCO		Each	Mycoplasma Transport Medium
CONT-PINW		Each	Pinworm Collection Bottle
BOTT-EPT		Each	Copan Stool Collection Device C/S
BOTT-O/P		Each	Stool O&P Bottle
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-HOL		PK-25	Hologic® Gyn Coll'n Device -Vial & Broom
LBC-DR-04		PK (25)	Hologic® Gyn Coll'n Brush & Spatula
BAG-PEDI		PK-10	Urine Bag Pediatric
BOTT-URIN-3LGRA		Each	Urine Bottle 24 HR 3L
BOTT-ACID-25mL		Each	Urine Bottle 24 HR with 25mL Acid
BOTT-URIN-90mL		BG (100)	Urine Bottle Sterile 90mL
KIT-UREA		Kit	Urea Breath / *H. pylori*
TUBE-PRES-LABEL		Each	Urine Preservative Tube with Label
BOTT-CYTO		Bottle	30mL FNA Cytolyt Bottles
FORMS			
FORM-CLIE-REQ		Each	Partner Supply Requisition
REQU-CYTO-05		Each	Cytology Requisition
REQU-HISTO-02		Each	Histopathology Requisition
FORM-RETU		Each	Returned Goods Form
OTHER			
ABSO		Each	Absorbant Pack Drimop 0.5g
DRIN-GLUC-50OR1		Bottle	Glucose Challenge Drink Orange 50g
DRIN-GLUC-75OR1		Bottle	Glucose Tolerance Drink Orange 75g
LACT-01		Bottle	Lactose 50g
CARD-STAT		Each	Stat Card Red
TOUR-LATE-FREE1		Each	Tourniquet Latex-Free

Revision: 13 **Issue Date: February 25, 2014**
Originator: Jimmy Ghoman **Department: Warehouse and Mail Distribution**

INQUIRIES **800.565.5721 x 5252**

Allow three (3) business days for delivery

Effective Date: June 28, 2017