**Screening Supplies Request Form – Little Rock**

*Submit three weeks prior to the UAMS College of Pharmacy Dean’s Office, EDII 6/104, 501-686-5557*

 **Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Location and City of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **# of COP Students Anticipated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **# of Anticipated Pharm.D/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Estimated Patient Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete box(es) below for supplies needed:**

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| **General Supplies** |
|  | Station Container: lancets, Band-Aids, cotton balls, hand sanitizer, alcohol swabs for **25 people** |
|  | Sharps Container  |
|  | Gloves (Small) |
|  | Gloves (Medium) |
|  | Gloves (Large) |
|  | Clip Boards |
|  | Paperwork |
|  | Cloth Tablecloth |
|  | Trash Bags |
| **Glucose Supplies** |
|  | Glucometers |
|  | Glucometer Test Strips |
| **BMI Supplies** |
|  | Scale |
|  | Tape Measure |
|  | Body Fat Analysis machines |
| **Blood Pressure Supplies** |
|  | Stethoscopes |
|  | Blood Pressure Cuffs |
| **Cholesterol Supplies *price approval mandatory***  |
|  | CardioCheck machines |
|  | CardioCheck strips |
|  | Capillary Tubes |
|  | Capillary Plungers |

 Advisor Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Assoc. Dean Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person Picking Up Supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to be Picked Up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_