**Screening Supplies Request Form – Northwest Campus**

*submit three weeks prior to Hilary O’Meara*

Organization/Student: Date of Event: Location and City of Event:

# of COP Students Anticipated:

# of Anticipated Pharm.D./Faculty:

Preceptor for Event:

Estimated Patient Attendance:

Please complete box(es) below for supplies needed:

|  |  |  |
| --- | --- | --- |
|  | **Qty** |  |
| **General Supplies** |
|  |  | Station Container (lancets, Band-Aids, gauze, hand sanitizer, alcohol swabs) |
|  |  | Sharps Container |
|  |  | Gloves – Small |
|  |  | Gloves – Medium |
|  |  | Gloves – Large |
|  |  | Clip Boards |
|  |  | Paperwork (See Health Education binder on front desk) |
|  |  | Tablecloth |
|  |  | Biohazard bags/Trashcans |
|  |  | Table |
|  |  | Chairs  |
| **Glucose Supplies** |
|  |  | Glucometers |
|  |  | Glucometer Test Strips – Box of 50 |
| **BMI Supplies** |
|  |  | Scale |
|  |  | Tape measure for height |
| **Blood Pressure Supplies** |
|  |  | Stethoscopes |
|  |  | Blood Pressure Cuffs - Normal Size |
|  |  | Blood Pressure Cuffs - Large Size |
| **Cholesterol Supplies *prior approval mandatory*** |
|  |  | CardioCheck machine |
|  |  | CardioCheck Strips – 15 |
|  |  | Capillary Tubes – 25 |
|  |  | Capillary Plungers –25 |

Student Signature: Date:

Assoc. Dean Signature: Date:

Person Picking Up Supplies: Date to be picked up: