

**MEDICAL SUPPLIES ORDER FORM  
IV SUPPLIES**

<b>Client Name:</b>	Last Name _____	First Name _____	Client #:	_____
<b>Client Address:</b>	_____		Health Card #:	_____
<b>Delivery To:</b>	Patient Pick-up at _____			
	Depot ( <b>Specify Depot</b> ): _____			
	<i>As per policy, all supplies are delivered to an approved Medical Supplies Depot - private pay home delivery arranged between patient and vendor</i>			
<b>Date Required:</b>	_____		Regular Delivery URBAN (Next Day)	Regular Delivery RURAL (< 48 Hrs)

<b>*Policy for Special Delivery Options:</b>	All orders (new or ongoing) are to be authorized as Regularly Scheduled Delivery (Urban or Rural), <b>*Special Deliveries may only be authorized in exceptional circumstances</b> such as: 1. Patient resume from Hospital Hold 2. Hospital Discharge Home (where medically necessary to facilitate the hospital discharge) 2. SRC-95 Patients to prevent hospital admission
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*Same Day URBAN		*Same Day RURAL		*Weekend URBAN		*Next Business Day RURAL		*Weekend RURAL			
Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description	Brand	Size	Max
<b>NEEDLES &amp; SYRINGES</b>						<b>INFUSION PUMP &amp; SUPPLIES</b>					
						<b>Elastomeric Pump &amp; Supplies</b>					
	SIV-0079	Syringe Luer Lok	Luer-Lok	1 mL	7		SIV-0233	Single Use Disposable Pump	EasyPump	each	
	SIV-0080	Syringe Luer Lok	Luer-Lok	3 mL	7		SIV-0234	Extension Set	BD MaxPlus	each	3
	SIV-0081	Syringe Luer Lok	Luer-Lok	5 mL	7		SIV-0235	Elastomeric IV Pump Carry Bag		each	1
	SIV-0082	Syringe Luer Lok	Luer-Lok	10 mL	7		SDR-0086	White Surgical Tape 1"		each	1
	SIV-0084	Syringe Luer Lok	Luer-Lok	30 mL	7	<b>Reusable Pump &amp; Supplies</b>					
	SIV-0085	Syringe Luer Lok	Luer-Lok	50 mL	7		SIV-0042	Infusion Pump Administration Set	All pumps	each	7
	SIV-0117	Blunt Fill Needle	BD	18 g 1.5 "	3		SIV-0043	Infusion Pump High Volume Admin Set	CADD only	each	7
	SIV-0211	Blunt Fill Needle with Filter (for ampoules)	BD	18 g 1.5 "	1/kit		SIV-0044	Infusion Pump Admin Set Filtered	All pumps	each	7
	SIV-0173	Needle with Syringe 23g 1"	Eclipse	3 mL	7		SIV-0045	Infusion Pump Extension Tubing	All pumps	30 inches	3
	SIV-0175	Needle with Syringe 25 g 5/8"	Eclipse	1mL	7		SIV-0046	Infusion Pump Extension	CADD only	45 inches	3
	SIV-0177	Needle with Syringe 27 g 1/2"	Eclipse	1 mL	7		SIV-0202	Antibiotic IV Med Refill Solution Bag			7
	SIV-0181	Needle with Syringe 25 g 5/8"	Eclipse	3 mL	7		SOT-0026	Replacement Batteries for CADD IV Pump		4pk AA	1
	SIV-0192	Gripper Plus Non Y-site	Deltec	22gx3/4"	1		ETM-1005	IV pole - Portable	<b>Start Date:</b>	<b>End Date:</b>	
	SIV-0193	Gripper Plus Non Y-site	Deltec	19gx1.25"	1		ETM-1009	Ambulatory Infusion Pump (Incl.: power supply, sm case, & batteries)	<b>Start Date:</b>	<b>End Date:</b>	
<b>PREFILLED SYRINGES: For flushing Vascular Access Devices</b>							ETM-1016	Remote Dose Extension Cord for ETM-1009 IV Pump	<b>Start Date:</b>	<b>End Date:</b>	
	SIV-0197	Heparin Lock Syringe	Posiflush	100 USP/mL 5 mL	3		ETM-1012	Large Carry Case - for Ambulatory Infusion Pump	<b>Start Date:</b>	<b>End Date:</b>	
	SIV-0200	Heparin Lock Syringe	Posiflush	100 USP/mL 3 mL	3	<b>IV GRAVITY SETS &amp; EXTENSION SETS</b>					
	SSO-0021	Sodium Chloride 0.9% Pre-Filled Syringe	Posiflush	10 mL	14	<b>IV KITS</b>					
	SIV-0009	Needle-Free Connector Valve	Max Zero	3cm Priming Vol 0.19mL	7		SMK-0029	PICC Dressing Kit			1
	SIV-0012	Catheter Extension Set	Max Zero	18 cm Priming Vol 0.3mL	3		SMK-0039	Subcut Admin Pain Mgt via Infusion Pump: Initial Start Up			1
	SIV-0225	Continuous Flow IV Sol Set	Clearlink	10 drops/mL	7		SMK-0040	Peripheral IV Start Kit			2
	SIV-0226	Secondary Medication Set	Clearlink	10 drops/mL	7		SMK-0041	Gravity Peripheral IV Admin Kit			2
	SIV-0224	Y Connector IV Extension Set	MaxZero	7"/8cm PV: 0.8mL	1	<b>OTHER IV SUPPLIES &amp; ACCESSORIES</b>					
<b>IV DRESSINGS</b>							SSO-0052	Alcohol 70% Wipes	Cardinal	30x65mm	28
	SDR-0094	Tegaderm IV Adv Securement DRSG-for peripheral IVs	Tegaderm IV	2.5"x2.75"	3		SSO-0006	Chlorhexidine 2% Alcohol 70% Swabstick	SoluPrep	each	8
	SIV-0231	PICC/CVC Securement Device & DRSG Kit (REG)	Tegaderm IV Adv	3.5"x4.5"	1		SIV-0131	Sharps Container Phlebotomy	SharpSafety	1 Litre	1
	SIV-0232	PICC/CVC Securement Device & DRSG Kit (LG)	Tegaderm IV Adv	4"x6"	1	Please refer to the most recent Regional Medical Supplies List for additional supplies which can be found on the Ontario Health atHome website: <a href="https://healthcareathome.ca/region/north-east/">https://healthcareathome.ca/region/north-east/</a> (scroll to bottom for forms)					
	SIV-0236	IV3000 Securement Dressing	IV3000	4" x 4"	2						
	SIV-0134	StatLock IV Catheter Securement	PICC Plus	each	1						

<b>Client Name:</b> _____						<b>Client #:</b> _____					
Last Name			First Name			Client # or BRN #					
Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description	Brand	Size	Max
<b>IV SOLUTIONS</b>						<b>IV CATHETERS &amp; ACCESSORIES</b>					
	SSO-0024	Sodium Chloride 0.9% INJ USP	Viaflex	100 mL bag	7		SIV-0150	IV Catheter Blue	Nexiva	22 g 1.00"	3
	SSO-0025	Sodium Chloride 0.9% INJ USP	Viaflex	250 mL bag	7		SIV-0151	IV Catheter Yellow	Nexiva	24 g 0.75 "	3
	SSO-0026	Sodium Chloride 0.9% INJ USP	Viaflex	500 mL bag	7		SIV-0187	IV Catheter Set - Saf-T-Intima		22 g 0.75"	3
	SSO-0027	Sodium Chloride 0.9% INJ USP	Viaflex	1000 mL bag	7		SIV-0203	IV Catheter Set - Saf-T-Intima		24 g 0.75 "	3
	SSO-0029	Sodium Chloride 0.9% Vial	Hospira	10 mL	7	<b>OTHER INFORMATION</b>					
	SSO-0032	Sterile Water Vial	Hospira	10 mL	7						
<b>OTHER MEDICAL SUPPLIES (as per the Regional Medical Supplies List)</b>						<p style="text-align: center;">Please refer to the most recent Regional Medical Supplies List for additional supplies which can be found on the Ontario Health atHome website: <a href="https://healthcareathome.ca/region/north-east/">https://healthcareathome.ca/region/north-east/</a> (scroll to bottom for forms)</p>					
<b>I understand incomplete forms or forms submitted without required approval will not be processed and will be returned for follow-up (Sign below:)</b>											
<b>Date Ordered:</b> _____			<b>Ordered By:</b> _____								
<i>DD/MM/YYYY</i>			<i>Nurse or Care Coordinator Name, Designation and Organization Name</i>								
<b>FAX TO:    Regional Equipment &amp; Supplies: 1-855-697-7358    or    RightFax: 3829</b>											