



**Cayuga Medical Center Laboratory  
POC Testing Supply Order Form**

Please email this completed form to [~pochelp@CAYUGAMED.org](mailto:pochelp@CAYUGAMED.org) or Fax supply requests to (607) 274-4481.

**Orders will be prepared the same day if received before 12 noon. We will make all efforts to have it delivered via courier within a day's time after receiving it.**

(Place all orders on Sundays and Wednesdays to receive in ample time prior to depleting your inventory)

**Date:** \_\_\_\_\_

**Testing Site:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Site Phone number:** \_\_\_\_\_

**Supply Order Received By:** \_\_\_\_\_

**Supply Order Filled By:** \_\_\_\_\_

<b>HEMOCUE SUPPLIES</b>			
<b>Temp Req.</b>	<b>Stock #</b>	<b>ITEM</b>	<b>Quantity</b>
Fridge	1 box/4 vials	Hemocue Microcuvettes	
Fridge	1 box/3 vials	Glu/Hgb QC Level High	
Fridge	1 box/3 vials	Glu/Hgb QC Level Low	
<b>Eye pH</b>			
<b>Temp Req.</b>	<b>Stock #</b>	<b>ITEM</b>	<b>Quantity</b>
ROOM	1 each	Nitrazine pH Paper (Litmus)	
ROOM	1 each	pH Control Buffer 4.00	
ROOM	1 each	pH Control Buffer 7.00	
ROOM	1 each	pH Control Buffer 10.00	
<b>i-STAT Supplies</b>			
<b>Temp Req.</b>	<b>Stock #</b>	<b>ITEM</b>	<b>Quantity</b>
Fridge	1 box/25 ct	Creatinine Cartridges	
Fridge	1 box/10 ct	Tricontrol Level 1	
Fridge	1 box/10 ct	Tricontrol Level 3	
<b>Misc Supplies</b>			
<b>Temp Req.</b>	<b>ITEM</b>		<b>Quantity</b>
ROOM	Hemocue Cleaning Swabs		

\*Point of Care Supplies not found on this request form are to be ordered directly through the storeroom/materials management via Workday.