BIO MEDICAL RESOURCES
INTEROFFICE SUPPLY REQUEST

Echo Department: ☐ 200 ☐ 230

Order Date: _____

Ordered by: _____

Supply Order Form

PRODUCT #	DESCRIPTION	QUANTITY
PC1500	DURACELL AA BATTERIES - 24/BOX	
UPP-110S/4	SONY IMAGING PAPER - 10/BOX	
SMC50FW-25	WET GEL SNAP ELECTRODES - 1200/CASE	
01/50	AQUA SONIC GEL – 5 LITERS	
10171	0.25 LITER DISPENSER – 12/BOX	
42-12	PROTEX DISINFECTANT SPRAY – 12/BOX	
Q89072	SANIWIPES (GERMICIDE)	
GIS 16	SCOPE TOTE BAGS – 25/BOX	
82032	J&J CIDEX SOAK TRAYS	
Q55172	PDI BLEACH GERMICIDAL WIPES – 75/PK, 12PK/BOX	
P54072	CIDEX OPA SOLUTION – 4 GALLONS/CASE	
SP01360000	ANEROID / SPRUGE MATCH MATE – SET	
10020	LATEX, PROBE COVERS 144/BAG	

** Orders will NOT be submitted without authorized approval from department manager **

*Manager Approval: _____ Supplies Received by: _____

*Date Approved: _____ Date Received: _____

Notes: _____