

# Supply Request Form

**Fax or Email to ACFT at:**

Fax: 403.270.2964

Email: acft.lab@ucalgary.ca

Request Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(No P.O. Box)

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

SUPPLY FOR ODP/NTS PROGRAM	Select Unit (✓)	QTY
Requisition Form - Opioid Dependency Program Drug Testing	<input type="checkbox"/> Each <input type="checkbox"/> 100/Pack	
Urine Specimen Kit	<input type="checkbox"/> Each <input type="checkbox"/> 100/Pack	
<i>For Samples Shipped to ACFT by Hospital Community Courier:</i>		
Bubble Envelope with McCaig Address Label	<input type="checkbox"/> Each	
<i>For Samples Shipped to ACFT by Purolator Courier:</i>		
Bubble Envelope with ACFT Address Label	<input type="checkbox"/> Each	
Purolator Express Pack (Foil Envelope)	<input type="checkbox"/> Each	
Purolator Pre-printed Bill of Lading (Waybill)	<input type="checkbox"/> 25/Pack	

SUPPLY FOR WATER CHEMICAL ANALYSIS	Select Unit (✓)	QTY
Requisition Form - Non-Municipal Public Drinking Water System For Human Consumption	<input type="checkbox"/> Each	
Requisition Form - Private Water Supplies Chemical Analysis For Human Consumption	<input type="checkbox"/> Each <input type="checkbox"/> 100/Pack	
Bottles (500 mL) with Matching Bags	<input type="checkbox"/> Each <input type="checkbox"/> 100/Case	

**If Government Courier is not available to the provided address, check this box.**

**ACFT INTERNAL USE ONLY:**

New Site?  Yes  No

Received Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Courier Shipped: \_\_\_\_\_ Shipped Date: \_\_\_\_\_ Initials: \_\_\_\_\_