



LHIN Patient Surname

LHIN Patient First Name

LHIN Client # or BRN #

Health Card # (optional)

Patient Contact Phone Number and Address

NORTH EAST LHIN MEDICAL SUPPLIES ORDER FORM - IV SUPPLIES

Order Type: New Admission Frequency Change Change in Orders Renewal: _____ Week(s)

Frequency: Q: _____ Delivery To: Patient Pick-Up at Depot (Specify Depot): _____ Patient Private-Pay Home Delivery

Delivery Time: Regular Delivery URBAN (Next Day) Regular Delivery RURAL (< 48 Hrs) Immediate Delivery URBAN Bayshore Rx

Same Day URBAN Same Day RURAL Weekend URBAN Next Day RURAL Weekend RURAL

As per policy, LHIN approval must be obtained PRIOR to submitting form if any of the following are applicable to this order:
1) Quantities exceed maximums; 2) Non-regular delivery type for active patients

LHIN Approver Name: _____

Rationale: _____

| Qty | Code | Product Description | Brand | Size | Max | Qty | Code | Product Description | Brand | Size | Max |
|---|----------|--|-----------|-------------------------------|-------|---|----------|---|-----------------|-------------|-----------|
| NEEDLES & SYRINGES | | | | | | INFUSION PUMP & SUPPLIES | | | | | |
| | SIV-0079 | Syringe Luer Lok | Luer-Lok | 1 mL | 7 | | SIV-0042 | Infusion Pump Administration Set | | each | 7 |
| | SIV-0080 | Syringe Luer Lok | Luer-Lok | 3 mL | 7 | | SIV-0043 | Infusion Pump High Volume Admin Set | CADD | each | 7 |
| | SIV-0081 | Syringe Luer Lok | Luer-Lok | 5 mL | 7 | | SIV-0044 | Infusion Pump Admin Set Filtered | | each | 7 |
| | SIV-0082 | Syringe Luer Lok | Luer-Lok | 10 mL | 7 | | SIV-0045 | Infusion Pump Extension Tubing | | 30 inches | 3 |
| | SIV-0084 | Syringe Luer Lok | Luer-Lok | 30 mL | 7 | | SIV-0046 | Infusion Pump Extension | CADD | 45 inches | 3 |
| | SIV-0085 | Syringe Luer Lok | Luer-Lok | 60 mL | 7 | | SIV-0202 | Antibiotic IV Med Refill Solution Bag | | | 7 |
| | SIV-0117 | Blunt Fill Needle | BD | 18 g 1.5 " | 3 | | SOT-0038 | Batteries for Infusion Pump (as required) | | 9 Volt | 7 |
| | SIV-0211 | Blunt Fill Needle with Filter (for ampoules) | BD | 18 g 1.5 " | 1/kit | | ETM-1005 | IV pole - Portable | | Start Date: | End Date: |
| | SIV-0173 | Needle with Syringe 23g 1" | Eclipse | 3 mL | 7 | | ETM-1009 | Ambulatory Infusion Pump with AC adaptor-9 Volt Battery Included, SM Case | | Start Date: | End Date: |
| | SIV-0175 | Needle with Syringe 25 g 5/8" | Eclipse | 1mL | 7 | | ETM-1016 | Remote Dose Extension Cord for ETM-1009 IV Pump | | Start Date: | End Date: |
| | SIV-0177 | Needle with Syringe 27 g 1/2" | Eclipse | 1 mL | 7 | | ETM-1012 | Large Carry Case - for Ambulatory Infusion Pump | | Start Date: | End Date: |
| | SIV-0181 | Needle with Syringe 25 g 5/8" | Eclipse | 3 mL | 7 | IV DRESSINGS | | | | | |
| | SIV-0192 | Gripper Plus Non Y-site | Deltec | 22gx3/4" | 1 | | SDR-0094 | Tegaderm IV Adv Securement DRSG-for peripheral IVs | Tegaderm IV | 2.5"x2.75" | 3 |
| | SIV-0193 | Gripper Plus Non Y-site | Deltec | 19gx1.25" | 1 | | SIV-0231 | PICC/CVC Securement Device & DRSG Kit (REG) | Tegaderm IV Adv | 3.5"x4.5" | 1 |
| PREFILLED SYRINGES: For flushing Vascular Access Devices | | | | | | | SIV-0232 | PICC/CVC Securement Device & DRSG Kit (LG) | Tegaderm IV Adv | 4"x6" | 1 |
| | SIV-0197 | Heparin Lock Syringe | Posiflush | 100 USP/mL 5 mL | 3 | IV SOLUTIONS | | | | | |
| | SIV-0200 | Heparin Lock Syringe | Posiflush | 100 USP/mL 3 mL | 3 | | SSO-0024 | Sodium Chloride 0.9% INJ USP | Viaflex | 100 mL bag | 7 |
| | SSO-0021 | Sodium Chloride 0.9% Pre-Filled Syringe | Posiflush | 10 mL | 14 | | SSO-0025 | Sodium Chloride 0.9% INJ USP | Viaflex | 250 mL bag | 7 |
| IV GRAVITY SETS & EXTENSION SETS | | | | | | | SSO-0026 | Sodium Chloride 0.9% INJ USP | Viaflex | 500 mL bag | 7 |
| | SIV-0009 | Needle-Free Connector Valve | Max Zero | 3cm Priming Vol 0.19mL | 7 | | SSO-0027 | Sodium Chloride 0.9% INJ USP | Viaflex | 1000 mL bag | 7 |
| | SIV-0012 | Catheter Extension Set | Max Zero | 18 cm Priming Vol 0.3mL | 3 | | SSO-0029 | Sodium Chloride 0.9% Vial | Hospira | 10 mL | 7 |
| | SIV-0225 | Continuous Flow IV Sol Set | Clearlink | 10 drops/mL | 7 | | SSO-0032 | Sterile Water Vial | Hospira | 10 mL | 7 |
| | SIV-0226 | Secondary Medication Set | Clearlink | 10 drops/mL | 7 | Please refer to the most recent NE LHIN Regional Medical Supplies List for additional supplies which can be found on the NE LHIN, Home and Community Care website: http://healthcareathome.ca/northeast/en/Partners/forms-and-resources | | | | | |
| | SIV-0224 | Y Connector IV Extension Set | MaxZero | 7"/8cm PV: 0.8mL | 1 | | | | | | |



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| Qty | Code | Product Description | Brand | Size | Max | Qty | Code | Product Description | Brand | Size | Max |
|---|----------|---|-------|------|-----|--|----------|--|-------------|-------------|-----|
| IV KITS | | | | | | IV CATHETERS & ACCESSORIES | | | | | |
| | SMK-0029 | PICC Dressing Kit | | | 1 | | SIV-0150 | IV Catheter Blue | Nexiva | 22 g 1.00" | 3 |
| | SMK-0039 | Subcut Admin Pain Mgt via Infusion Pump: Initial Start Up | | | 1 | | SIV-0151 | IV Catheter Yellow | Nexiva | 24 g 0.75 " | 3 |
| | SMK-0040 | Peripheral IV Start Kit | | | 2 | | SIV-0187 | IV Catheter Set - Saf-T-Intima | | 22 g 0.75" | 3 |
| | SMK-0041 | Gravity Peripheral IV Admin Kit | | | 2 | | SIV-0203 | IV Catheter Set - Saf-T-Intima | | 24 g 0.75 " | 3 |
| OTHER MEDICAL SUPPLIES (as per the NE LHIN Medical Supplies List) | | | | | | OTHER IV SUPPLIES & ACCESSORIES | | | | | |
| | | | | | | | SSO-0052 | Alcohol 70% Wipes | Cardinal | 30x65mm | 28 |
| | | | | | | | SSO-0006 | Chlorhexidine 2% Alcohol 70% Swabstick | SoluPrep | each | 8 |
| | | | | | | | SIV-0131 | Sharps Container Phlebotomy | SharpSafety | 1 Litre | 1 |
| OTHER INFORMATION | | | | | | | | | | | |
| Please refer to the most recent NE LHIN Regional Medical Supplies List for additional supplies which can be found on the NE LHIN, Home and Community Care website: http://healthcareathome.ca/northeast/en/Partners/forms-and-resources | | | | | | | | | | | |

I understand incomplete forms or forms submitted without required approval will not be processed and will be returned for follow-up (Sign below:)

Date Ordered: _____
DD/MM/YYYY

Ordered By: _____
Nurse or Care Coordinator Name, Designation and Organization Name

Fax to LHIN Office: Kirkland Lake: 1-855-697-7358
Sault Ste. Marie: 705-949-3844

North Bay: 705-474-2369
Sudbury/Parry Sound (Regional SOD): 705-523-4829
Timmins: 705-267-7957