You must complete the following boxes before faxing over to CSS / Distribution:

Date, Requested By, Requestor Code, Requesting Area

|  |  |  |
| --- | --- | --- |
| **Date:** | **Requested By:** | Issued By: |
| **Requestor Code:** | **Requesting Area:** | Received By: |

**Issued By and Completed By** boxes will be entered when you/your staff pick up the requested items in CSS / Distribution. Please note that the CSS Window Pick Ups - Open Monday to Friday, except holidays, from 8:30am to 4pm.

Please enter the amount required next to the **Quantity Requested**.

\*Issue UOM is the unit of measure that the items are issued.

| **LAWSON** | **MANUF** | **DESCRIPTION** | **QUANTITY REQUESTED** | **ISSUE UOM** |
| --- | --- | --- | --- | --- |
| 123828 | 0409-1583-02 | 0.9% SODCHL 250ML |  | EA |
| 123824 | 0409-7418-03 | 10% LMD 5% DEX |  | EA |
| 123817 | PS-360/10 | 152CM PUMP TUBING SET |  | EA |
| 123823 | 0409-1535-03 | 20% DEX INJ 500ML |  | EA |
| 123826 | 0409-1522-02 | 5% DEX INJ 250ML |  | EA |
| 123827 | 0409-1522-03 | 5% DEX INJ 500ML |  | EA |
| 123466 | BG-006-01 | 6 LOW VOLUME MINIBORE |  | BX |
| 123452 | 22660 | ADAPTER EKG ALLIGATOR CLIP GRN |  | EA |
| 107718 | 2000E | ADAPTER IV MALE LL W/FILTER |  | BX |
|  |  |  |  |  |

Please direct all questions to CSS Distribution Personnel:

* Phone Number: 718-270-4009
* Fax Number: 718-270-4206
* E-mail questions to: [CSSDistribution@downstate.edu](mailto:CSSDistribution@downstate.edu)