SUNY Downstate Medical Center
Support Services / Linen Department
Scrub Suit Request Form

EMPLOYEES REQUESTING SCRUBS MUST ATTACH A COPY OF CURRENT SUNY DOWNSTATE ID CARD

PLEASE PRINT CLEARLY

User Last Name:
User First Name:
Phone Extension:
Account/Grant Number:

Hospital Badge #
14 Digit Number from the Back of New ID Card

UID: 20

Please choose your Department from the list below:

- Ambulatory Surg
- Anatomy
- Anesthesia
- Cardio Thoracic
- Cardiology
- Cath Lab
- Central Sterile
- Emergency Room
- Endoscopy
- ENT & OTOLAR
- Family Medicine
- HSKE Hosp
- IV Team
- Neonatology
- NS 24 - ICU
- NS 26 - CCU
- NS 33 - MICU
- NS 31-L&D
- NS 35-NICU
- NS 82 - Renal Transplant
- OB GYN
- Operating Rm
- Ophthalmology
- Orthopedic/Rehab
- Pathology
- Pediatrics
- Perfusionist
- Pharmacy
- Radiation Oncology
- Radiology
- Recovery Rm
- Resp Therapy
- SMIC
- Surgery
- Urology
- Other(Please Specify)

Occupation: Please choose your Occupation from the list below:

- Anesthetist
- Attending Physician
- Nurse
- PA
- Perfusionist
- Resident
- Surgeon
- Technician
- Other(Please Specify)

Size: Please choose your appropriate size from the list below:

- Small
- Medium
- Large
- X-Large
- 2X
- 3X

Requests Must Be Approved By Department Head / Administrator

Department Head Signature ___________________________ Date ___________________________

Expiration Date for Residents

Return Completed form to Mr. Ahluwalia, Box 1237, Linen Dept (Rm# B-357A), Rev. 09/01/20