SUNY Downstate Medical Center

Support Services / Linen Department

Scrub Suit Request Form

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

PLEASE PRINT CLEARLY

User Last Name: _____

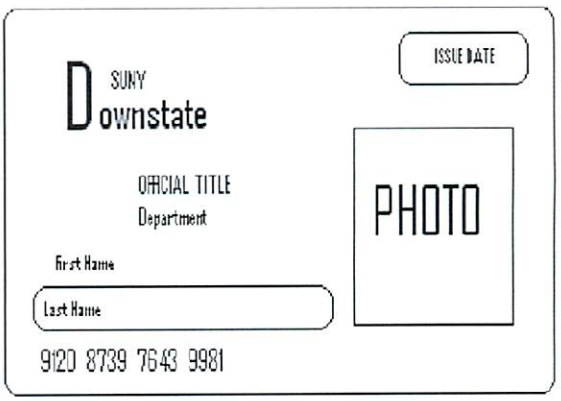
User First Name: _____

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

Occupation: Please choose your Occupation from the list below:

☐ Anesthetist	☐ Perfusionist	☐ _____
☐ Attending Physician	☐ Resident	☐ **Other(Please Specify)**
☐ Nurse	☐ Surgeon	
☐ PA	☐ Technician	

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

☐ Small	☐ Large	☐ 2X
☐ Medium	☐ X-Large	☐ 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