

# Supply Order Form

**AGENCY:**

**AGENCY ADDRESS:**

**DATE SUBMITTED:**

ITEM	QUANTITY OF PACKAGE	AMOUNT	PICK-UP INITIALS
<b>Safer Inhalation/Smoking</b>			
Safer Crack Use Kits	Package of 100 kits		
Wooden Push Sticks	Package of 100		
Bubble Pipes	Box of 200		
	Case of 500		
Mouthpieces	Package of 175		
<b>Safer Injection</b>			
Syringes	Case of 500		
Sterile water	Box of 100		
	Case of 1000		
Alcohol Swabs	Box of 200		
	Case of 4000		
<b>Filters</b> (about 100-150 pellets per bag)	Small Filters		
	Large Filters		
Cookers	Box of 1000		
Tourniquet	Box of 25		
	Case of 1000		
<b>Sharps container - 1 L</b> yellow square	Each		
	Case of 100		
<b>Sharps container - 5 L</b> red round	Each		
	Case of 40		
The supplies listed below are for agencies accepting needle returns from clients. These supplies are not to be distributed to clients, but to be used at location.			
<b>Sharps container - 18 gallon</b> large yellow flip top	Each		
	Case of 5		
Biohazard Box and Liner	Each		
Number of needles returned**			

\*\*Please keep track of approximately how many needles are returned to you (not an exact count, just an estimate)

Email order to the following email addresses **at least 5 business days before supplies needed** to SCOrders@wrha.mb.ca

**We will notify you when your order is ready for pick-up.**

**ORDER FILLED**      **FILLED BY:**

**ORDER PICKED UP BY:**