

■ Complete all boxes and provide all required information to avoid delay

Contact Information.		
Provider Organizational Name		
Name of Person to Contact if we have Questions		
Contact Email	Contact Phone	
Requestor Information.		
Requestor Name		
Requestor Email	Requestor Phone	
Delivery Information.		
Delivery to Site/Building/Address		
City	Province	Postal Code
Delivery Contact Name	Delivery Phone	
Delivery Notes/Instructions		

Item	Item #	Mfg #	UOM	Qty
Kit Test Covid-19 Rapid Device 5 Test	381071	COV-19C5	Kit of 5	

Submit Request to: CPSMOperations.EOC@ahs.ca

Internal Order Number	Entered By	Order Entry Date <i>(dd-Mon-yyyy)</i>	Courier Tracking Number

Ordering process notes:

1. Entities will complete this requisition form and submit to email: [**CPSMOperations.EOC@ahs.ca**](mailto:CPSMOperations.EOC@ahs.ca)
2. Requested RATs and quantities will be reviewed and allocated based on availability of supplies. AHS reserves the right to limit quantities shipped.
3. To ensure appropriate use of RATs and safeguard supplies, AHS reserves the right to request additional information and rationale for the type and quantities of supplies requested.
4. AHS will process requests on a weekly schedule by zones. Emergency orders will be accommodated on a case-by-case basis.

	North/South Zone	Central Zone	Calgary Zone	Edmonton Zone
Order Cut-off	Sunday	Monday	Tuesday	Wednesday
Shipping Day	Tuesday	Wednesday	Thursday	Friday

Ordering and shipping schedule is subject to change at any time based on system limitations and availability.

5. All shipments will be by courier. No pick-ups are allowed.
6. In order to dedicate resources to continuity of care for patients and protecting the supply chain, returns will only be accepted on a case-by-case basis.