UTAH DEPARTMENT OF HEALTH

Utah Syringe Exchange Program

Supply Order Form

Email all supply orders to SyringeExchange@utah.gov.

Date of Request:	
Requested By (print name):	
Agency Name:	
Contact Telephone:	
Contact Email Address:	

Units	Item	Amount Requested	Amount Distributed
100/box	1 cc Syringes 25 g x 5/8”		
50/pk	HIV Educational Materials		
50/pk	Hepatitis C Educational Materials		
50/pk	HIV, Hepatitis and Needles Brochure		
1000/bx	Male Condoms		
100/bx	Lubricant		
100/roll	Biohazard bags		
1	Sharps containers 4.7 Quart (limit 1)		
100/bx	Alcohol Preps (limit 2)		
	Other (be specific with units being requested):		

For office use only:

Approval by Syringe Exchange Coordinator: _____Date: _____

Approval by Program Manager: _____ Date: _____

Approval by Bureau Director: _____ Date: _____

Received by agency:_____ Date:_____

Utah Syringe Exchange Program
288 North 1460 West
Salt Lake City, UT 84116
Email: syringeexchange@utah.gov
Phone: 801-538-6191
Fax: 801-538-9913