

University of Illinois Medical Center at Chicago

Materials Management

Scrub Suit Request Form

**PRINT CLEARLY**

Please check one

Last Name

\_\_\_\_\_

Female

**PRINT CLEARLY**

First Name

\_\_\_\_\_

Male

**PRINT CLEARLY**

Extension

\_\_\_\_\_

Pager Number

\_\_\_\_\_

E-Mail

\_\_\_\_\_

**Please list your I-Card Number.** \_\_\_\_\_

**The last 4 digits will become your PIN number.**

**Please choose one of the following for Department and one for Occupation:**

**Occupation**

**Department**

- Anesthetist / Anesthesiologists
- Manager / Supervisor
- RN
- Technician
- Housekeeping
- Physician
- Resident
- Fellow
- Medical Student
- Surgeon
- Pharmacist in OR or CSP Area

- Labor & Delivery
- NICU
- Environmental Services
- Surgery
- PACU / Recovery
- Surgery Center / 3rd fl.
- 
- Graduate Medical (GME) w/surgical rotation from \_\_\_\_\_

**Sizes: Choose your appropriate size.**

**SCRUB SUIT**

- Xsmall
- small
- medium
- large
- XLarge
- 2XLarge
- 3XLarge

**My signature indicates that I have received a copy of the Medical Center Scrub Policy.**

**SIGNATURE**



**For Admin use only**

**Machine Location**

- A OR 3rd floor
- B L&D 4th floor

\_\_\_\_\_

Expiration Date for Students / Residents / Fellow

**Please FAX (312-996-4011) Completed Form To Attn: Rebecca Anuskiewicz / Materials Management**