



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

**HOSPITAL PHARMACY RE-ORDER FORM  
 ALS DRUG KIT**

Please complete the order form below with enough supplies to cover **at least 3 months**. Requests must be authorized and signed by a PIC or pharmacy tech whose name has been previously submitted and approved by ODEMSA. For security reasons, orders submitted without the approved name/signature will not be honored. Requests may be submitted via email or fax. To send electronically, please email [myoung@vaems.org](mailto:myoung@vaems.org) or fax to 804-560-0909. Please allow one (1) week for your request(s) to be processed. Thank you.

Item Requested:	Quantity Requested:	Completed: Date and Initials (ODEMSA Staff only)	
ODEMSA ALS Drug Kit Seals - <u>Yellow</u> (For Orange Flambeau box)			
ODEMSA ALS Drug Kit Seals - <u>Red</u> (For Yellow T-3000 box inside)			
Drug Kit Exchange Forms			
Drug Kit Discrepancy Forms			
Medication Alert Card Template			
ALS Drug Kit Contents Sheet & Schematic (stored inside)			

Authorized

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number and/or Email: \_\_\_\_\_

Circle Requesting Hospital:					
Chippenham	Community Mem.	Halifax Reg.	Henrico Drs	John Randolph	Johnston Willis
Lynchburg Gen.	McGuire VA	Memorial Reg.	Obici	Parham Drs.	Retreat Drs.
Richmond Comm	Southern Va. Reg	Southside Comm	Southside Reg.	St. Francis	St. Mary's
VCU	Watkins	West Creek	Williamsburg Reg.	Hanover ED	Other: _____