



Harm Reduction Supply Distribution ORDER FORM

*Partner Sites: please submit orders to your Local PHN Contact.

*PHNs: Please submit order form to: Angel St.Paul by [CLICKING HERE](#)

Name of Partner Site	
Name of PHN Contact	
PHN Office	
Date	

	Unit	Amount requesting
Kits (incl 10 needles and supplies, plus a sharps container)	Each Kit	
Safer Crack Use Kit (SCUK)	Each	
Safer Meth Use Kit (SMUK)	Each	
1cc 28G ½” Insulin syringe needles (100/Box)	Box	
3cc Luer Loc (Each)	Each	
27g ½” needles (Each)	Each	
Size 3 cotton filters (Ziploc bag of approx. 25)	Ziploc bag	
Size 2 cotton filters (Ziploc bag of approx. 25)	Ziploc bag	
Sterile filters (strips of 5, with 5 in each bubble, total 25/strip)	Each strip	
Sharps container: 1-quart yellow	Each	
Sharps container: Red w/locking rotor red pail	Each	
Tourniquets (25/Box)	Box	
Cookers (strips of 5)	Each strip	
Ampules of sterile water, 3mL (100/box)	Box	
Ampules of sterile water, 3mL (Each)	Each	
Ascorbic acid sachets (strips of 5)	Each strip	
Alcohol swabs (200/box)	Box	
Needle Exchange logo: large (7 ½” X 7 ½”)	Each	
Needle Exchange logo: small (5 X 5)	Each	