



MEDICO Professional LINEN SERVICE

A Division of American Textile Maintenance

Lab Coat Request Form

- 1. Complete sections (A-C) of this form to request new, additional or replacement lab coats. View the following:
 - (a) **Three fluid resistant** lab coats are **initially** assigned to an individual. Additional or replacement lab coats may be requested.
 - (b) **Nomex flame resistant** lab coats are **shared** and **assigned** to a **building** and **floor**. Additional or replacement lab coats may be requested for your building and floor.
- 2. Submit completed form to labsafety@chla.usc.edu. Estimated time for delivery is 2-5 weeks.

A. Personnel Information						
Name:				Request Date:		
Email:				Phone:		
Principal Investigator, Manager or Supervisor:						
B. Location Information						
Building: Saban	Floor: 3rd	☐ 4 th	☐ 5 th	ı	Room:	
Building: Smith	Floor: 1st	☐ 2 nd	☐ 3 rd	i	Room:	
	☐ 4 th	☐ 5 th	☐ 6 th	1		
	□ 8 th	☐ 9 th	1 0	th		
Building: Wilshire	Floor: 🗖 12 th				Suite:	
C. Lab Coat Information						
Lab Coat Type: ☐ Fluid Resistant ☐ Nomex Flame Resistant						
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		placeme				
	ditional	placeme	nt		□ 1XL □ 2XL	□ зхг
Request Type: New Add	ditional	placeme	nt		□ 1XL □ 2XL	□ зх∟
Request Type: New Add	ditional	placeme	nt		□ 1XL □ 2XL Barcode ID:	□ зх∟
Request Type: New Add Quantity Requested: Lab Safety Office Use Only:	ditional	placeme	nt			□ зх∟
Request Type: New Add Quantity Requested: Lab Safety Office Use Only: Submission Date:	ditional	placeme	nt			□ 3XL
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