Children's Hospital LOS ANGELES
THE SABAN RESEARCH INSTITUTE

MEDICO Professional LINEN SERVICE

A Division of American Textile Maintenance
www.medicolinen.com

Lab Coat Request Form

Complete sections (A - C) of this form to request new, additional or replacement lab coats. Two fluid resistant lab coats are allotted and individually assigned per each individual. However, upon request additional lab coats may be obtained. Nomex flame resistant lab coats are assigned to building and floor; quantity is determined by a needs basis. Lab coats showing signs of wear and tear or other damage may be replaced upon request. Expect 2-5 weeks for delivery of lab coats. Submit completed form and request for lab coat fitting at labsafety@chla.usc.edu.

A. Personnel Information		
Name:		**Date of Request**:
Email:		**Phone:**
Principal Investigator:		
B. Location Information		
Building: ☐ **Saban**	**Floor:** ☐ **3rd** ☐ **4th** ☐ **5th**	**Room:**
Building: ☐ **Smith**	**Floor:** ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th** ☐ **5th** ☐ **6th** ☐ **8th** ☐ **9th** ☐ **10th**	**Room:**
C. Lab Coat Information		
Lab Coat Type: ☐ **Fluid Resistant** ☐ **Nomex Flame Resistant**		
Request Type: ☐ **New** ☐ **Additional** ☐ **Replacement**		
Quantity Requested:		**Lab Coat Size:** ☐ **XS** ☐ **S** ☐ **M** ☐ **L** ☐ **1XL** ☐ **2XL** ☐ **3XL**

Lab Safety Office Use Only:

Date Submitted to Medico:			
Medico Account Number:		**Medico Barcode ID #:**	
Comments:			

Revised: 4/6/20