

PART 1 – TO BE COMPLETED	BY STUDENT
Student Name: (Print)	
Location of Placement at UHN:	
Date of Placement: From	To
Home Phone	
PART 2 LINEN SERVICES ISSU	ING:
Lab Coat:	
Quantity	Size
Scrub Suits:	
Quantity I, the undersigned, hereby agree and	Size understand that I am fully responsible for the misuse, loss, or non ay the amount of cost for the replacement.
Student's Signature	Year/Month/Day
PART 3 LINEN SERVICES RET	URNING:
I, the undersigned, hereby declare the	at I have returned above listed items on the following date.
Student's signature	Year/Month/Day
Student & Signature	1 0 m/ 1 1 0 m 2 m 3
Procedure:	
Procedure: - Complete Part 1 of this Uniform C	ontrol Form.
Procedure: - Complete Part 1 of this Uniform C - Obtain a receipt from the Cashier's	ontrol Form. s Office:
Procedure: - Complete Part 1 of this Uniform C - Obtain a receipt from the Cashier's Toronto General Hospital	ontrol Form. s Office: PMB 1 - 0830 to 1630 - Monday to Friday
Procedure: - Complete Part 1 of this Uniform C - Obtain a receipt from the Cashier's Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital	ontrol Form. s Office:
Procedure: - Complete Part 1 of this Uniform C - Obtain a receipt from the Cashier's Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital Required Deposit:	ontrol Form. s Office: PMB 1 - 0830 to 1630 - Monday to Friday Gr. Floor – 410 - 0830 to 1630 - Monday to Friday
Procedure: - Complete Part 1 of this Uniform C - Obtain a receipt from the Cashier's Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital Required Deposit: \$25.00 = 1 scrub set	ontrol Form. s Office: PMB 1 - 0830 to 1630 - Monday to Friday Gr. Floor – 410 - 0830 to 1630 - Monday to Friday
Procedure: - Complete Part 1 of this Uniform Country - Obtain a receipt from the Cashier's Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital Required Deposit: \$25.00 = 1 scrub set \$30.00 = 1 lab coat \$55.00 = 1 lab coat \$55.00 = 1 lab coat and 1 scrub	ontrol Form. s Office: PMB 1 - 0830 to 1630 - Monday to Friday Gr. Floor – 410 - 0830 to 1630 - Monday to Friday Main - 702 - 0900 to 1300 and 1400 to 1630 – Monday to Friday
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Procedure: - Complete Part 1 of this Uniform Color - Obtain a receipt from the Cashier's Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital Princess Margaret Hospital Princess Margaret Hospital Required Deposit: \$25.00 = 1 scrub set \$30.00 = 1 lab coat and 1 scrus \$80.00 = 1 lab coat and 2 scrus \$80.00 = 1 lab coat and 2 scrus - Present the receipt and Uniform Color Fill out Part 2 of Uniform Control TGH ES B-408 - 0830 to PMB 3 - 438A - 0630 TWH MC1-412 - 0800 to PMH 3B-114 - 1000 to 1200 - Soiled uniforms will be exchanged - On or before the last day of your colors.	ontrol Form. S Office: PMB 1 - 0830 to 1630 - Monday to Friday Gr. Floor – 410 - 0830 to 1630 - Monday to Friday Main - 702 - 0900 to 1300 and 1400 to 1630 – Monday to Friday b set b sets ontrol Form at the Linen Services Department. Form, and pick up uniform. 1200 and 1300-1600 - Monday to Friday (new uniform issue requests only) 10 to 1530 hours - Monday to Friday (regular uniform exchange only) 1430 - Monday to Friday 10 and 1330 to 1530 hours - Monday to Friday (Lab coats only) 15 for clean uniforms only during the service hours noted above. Inical placement, return all uniforms to the Linen Services Department. Form and pick up a receipt.
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