WVBCCSP Supply Request Form

Send order to: DHHRMaterialsManagement@wv.gov.

Clinic Name _____
BCC Number _____
Contact Person _____
Date _____
Signature _____

Ancillary Supplies

Amount Requested	Item Code	Product	Unit/Description
	C021	Drape Sheets	100/case
	C037	Gowns	50/case
	C027	Exam Table Paper	12/case
	C032	Gloves – Small	100/box
	C035	Gloves – Unisize	100/box
	C036	Gloves – Large	100/box
	C067	Specula – Small	100/box
	C068	Specula – Medium	100/box
	C069	Specula – Large	100/box
	C072	W/A Specula – Small	25/box
	C073	W/A Specula – Medium	25/box
	C086	Vaginal Swabs	100/box

Treatment Medications

Amount Requested	Item Code	Product	Unit/Description
	D127	Metronidazole 500mg	14 tabs/vial

BCCSP Forms

Amount Requested	Item Code	Product	Unit/Description
	Y112	Pap Test Activity Log	25/pad
	Y206	Mammography Activity Log	25/pad
	Y306	Colposcopy Activity Log	25/pad
	L305	Breast Self-Exam	Single

WISEWOMAN Forms

Amount Requested	Item Code	Product	Unit/Description
	WW103	Diagnostic Evaluation	Single
	WW104	Risk Assessment with Risk Reduction Counseling	Single
	WW105	Health Coaching and Community Resources	Single
	WW108	WISEWOMAN Blood Pressure Log	Single
	WW119	WISEWOMAN Self-Care Manual	Single
	WW122	Hypertension Self-Monitoring Module (HSMM) Agreement	Single
	WW123	HSMM Checklist	Single
	WW124	National Diabetes Prevention Program (NDPP) Agreement	Single
	WW125	Take Off Pounds Sensibly (TOPS) Membership Agreement	Single

Forms can be downloaded from the website at: www.wvdhhr.org/bccsp

Revised 07/2022