

Journal Article Request

Fill out one form for each request or attach search.

Please fill in all parts of this section.

Name _____ Today's Date _____

Dept. _____ Date Needed _____

Ext. or phone # _____ Staff Student? * _____

Beeper # _____

Needed for URGENT PATIENT CARE? _____

Journal Title _____

Date _____ Volume _____ Issue _____ Pages _____

Article Title _____

Author(s) _____

Medline UI# _____

Delivery: CHECK ONE

Hospital Mailbox _____ Pickup at library _____

Mail to office or home _____ Address _____

Fax _____ Number: _____

*Note: Staff students must pick up items at library. It is your responsibility to call the library to see if they have arrived.

PLEASE WRITE LEGIBLY!