

**APPENDIX E. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE)  
REQUISITION (EXAMPLE)**

**E-1. General**

This appendix provides an example of a DD Form 1348-6 (see Figure E-1) to use in preparing requisitions for MEDCASE requirements. The DD Form 1348-6 is used for equipment acquisitions through the wholesale supply system or independent contracting agencies. This requisition form is used for standard, non-stocked (AAC "L"), Shared Procurement and non-standard items.

**E-2. Copies** The USAMMA must receive three complete legible copies of each requisition with attachments for each copy.

FIGURE E-1. DD Form 1348-6, DOD Non-NSN Requisition (Manual)

DOCUMENT IDENTIFIER			ROUTING IDENTIFIER			M 4 3	ITEM IDENTIFICATION* <small>NSN, FSC, Part No., Other</small>																LIMIT OF ISSUE	QUANTITY			DOCUMENT NUMBER										
							FSC#								PART NUMBER												REQUISITIONER										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
A	0	E	S	9	M	0	6	5	2	5	N	S	N											E	A	0	0	0	0	1	W	2	3	4	5	6	
DOCUMENT NO. (Cont.)				DATE		SERIAL		O M A D	S E R V	SUPPLEMENTARY ADDRESS				S I G N A L	FUND CODE	DISTRIBU- TION CODE		PROJECT CODE	PRIORITY	REQUIRED DELIVERY DAY OF YEAR		ADVICE CODE	BLANK														
7	1	9	9	0	0	0	1	N	W	2	3	M	W	R	B	7	U	U																			
										REJECT CODE FOR USE BY SUPPLY SOURCE ONLY		IDENTIFICATION DATA																									
												*1. MANUFACTURER'S CODE AND PART NO. (When they exceed card columns # show 22)																									
												2. MANUFACTURER'S NAME PICKER INTERNATIONAL																									
										3. MANUFACTURER'S CATALOG IDENTIFICATION				4. DATE (YYMMDD)				5. TECHNICAL ORDER NUMBER																			
										6. TECHNICAL MANUAL NUMBER				7. NAME OF ITEM REQUESTED X-RAY SYSTEM, 500MA, RADIOGRAPHIC																							
										8. DESCRIPTION OF ITEM REQUESTED SEE ATTACHED PRICE QUOTE FOR SYSTEM DESCRIPTION										8a. COLOR																	
																				8b. SIZE																	
										9. END ITEM APPLICATION										8c. SOURCE OF SUPPLY																	
8d. MAKE					8e. MODEL NUMBER					8f. SERIES					8g. SERIAL NUMBER																						
10. REQUISITIONER (Clear out name and address) U.S. ARMY MEDDAC FORT SWAMPY, YY										11. REMARKS MEDCASE ACN 3000-97-999, EST \$156,000																											

DD FORM 1348-6, FEB 85 Edition of Apr 77 may be used until exhausted DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT (MANUAL - LONG FORM) USAPPC V1.00