

## SUPPLY ORDER FORM

Practice Name \_\_\_\_\_ Doctor Code \_\_\_\_\_

Practice Address \_\_\_\_\_

**Email this form to [aps.info@adhb.govt.nz](mailto:aps.info@adhb.govt.nz)**

Date \_\_\_\_\_

**Request Form Pads** - Place order for pads by 5pm Tuesday for delivery the following week

Cervical Cytology \_\_\_\_\_ Skin Histology \_\_\_\_\_

Histology & Non-gynae Cytology \_\_\_\_\_ Breast Histology & Cytology \_\_\_\_\_

Gastrointestinal Histology \_\_\_\_\_

### Consumables

### Pack Size

### Indicate Quantity

Biohazards Bags 100 \_\_\_\_\_

Specimen Containers (70ml) - without Formalin each \_\_\_\_\_

Specimen Containers (70ml) - with Formalin 6 \_\_\_\_\_

Specimen Containers (70ml) - with Formalin 100 \_\_\_\_\_

Specimen Containers (400ml and lid) each \_\_\_\_\_

Specimen Containers (1 litre and lid) each \_\_\_\_\_

Specimen Containers (4 litre and lid) each \_\_\_\_\_

Formalin 2 litres \_\_\_\_\_

HPV swab collection kit each \_\_\_\_\_

ThinPrep® Vial 25 \_\_\_\_\_

Cervix Scrapers - plastic 100 \_\_\_\_\_

Cytobrushes 100 \_\_\_\_\_

Cervix Brooms 100 \_\_\_\_\_

Supply Order Forms 1 pad \_\_\_\_\_

Other \_\_\_\_\_