

SUPPLY ORDER FORM

Practice Name _____

Doctor Code _____

Practice Address _____

Date _____

Email this form to aps.info@adhb.govt.nz

Request Form Pads - Place order for pads by 5pm Tuesday for delivery following Monday

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 FLOQ Swab 100 _____

HPV Vial 25 _____

Swab Collection Instructions for HPV Testing (pad) 1 pad _____

Labels "SWAB-HPV only" (must go on swab collected HPV vials) 200 _____

ThinPrep® Vial 25 _____

Cervix Scrapers - plastic 100 _____

Cytobrushes 100 _____

Cervix Brooms 100 _____

Supply Order Forms 1 pad _____

Other _____