

SUPPLY ORDER FORM

Doctor/Practice Name

Doctor Code

Practice Address

Date

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

Request Form Pads

Indicate Quantity

Place order for pads by 5pm Tuesday for delivery following Monday

Cervical Cytology

Histology & Non-gynae Cytology

Gastrointestinal Histology

Skin Histology

Breast Histology & Cytology

Pack Size

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
ThinPrep® Vial	25
Cervix Scrapers - plastic	100
Cytobrushes	100
Cervix Brooms	100
Supply Order Forms	1 pad
Priority Transport Envelope A5	each
Priority Transport Envelope A4	each
FNA Patient Information Pad	1 pad