



Consumables Order Form

Email your order to: reception@vcs.org.au or fax: 03 9349 1977

This order form is available at <http://www.vcs.org.au/practices/consumables.html>

PLEASE INCLUDE YOUR PRACTICE I.D NO. TO HELP PROCESS YOUR ORDER

VCS PRACTICE NUMBER:

PHONE:

NAME:

ADDRESS:

POSTCODE:

CERVICAL CYTOLOGY

QTY	COLLECTION MATERIAL	QTY	THIN PREP
	(a) Slide Container		(k) Sampling Vials (6 pack)
	(b) Glass Slides (50 per pack)		(k) Sampling Vials (25 pack)
	(c) Endocervical Brush (100 per pack)		(l) Spatula - Plastic
	(d) Spatula - Wooden (100 per pack)	QTY	MAILING
	(e) Cervical Sampler - Broom Type (50 per pack)		(m) Reply Paid Envelope (for posting single smears to VCS)
	(f) Cervix Brush - Combi (50 per pack)		(n) Specimen Bag
	(g) Cytology Fixative Spray (200ml)		(o) Pot Mailer (ThinPrep)
QTY	DISPOSABLE SPECULA		(p) Parcel Post Satchel (for posting ThinPrep)
	(h) Small (24 per pack)		
	(i) Medium (24 per pack)		
	(j) Large (10 per pack) <i>image not shown</i>		

HISTOLOGY

QTY	COLLECTION MATERIAL	QTY	MAILING
	(r) Histology Container		(n) Specimen Bag
			(o) Pot Mailer
			(p) Parcel Post satchel

HPV & CHLAMYDIA TESTING

QTY	COLLECTION MATERIAL	QTY	MAILING
	(s) DNAPAP Cervical Sampler (HPV & Chlamydia)		(v) Tube Mailer
	(t) UriSWAB (Chlamydia Urine)		(o) Pot Mailer
	(u) Flocked Swab (Chlamydia)		(p) Parcel Post satchel

PATHOLOGY REQUEST FORMS* & INFORMATION RESOURCES

QTY	PATHOLOGY REQUEST FORMS	QTY	INFORMATION RESOURCES
	Request Forms (<i>computer</i>)		Pap smears and you
	Request Forms (<i>manual with pre-printed practitioner details</i>) - <i>If details are different from above see over leaf</i>		What if a Pap smear result is abnormal
			Patient reminder cards
			Taking a Pap test DVD
			Testing for Chlamydia DVD

* Pathology request forms are suitable for all tests

PTO for images of the consumables available.

Date: _____

Requested By: _____

(Print name)



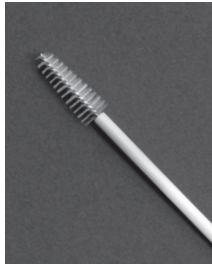
CERVICAL CYTOLOGY & HISTOLOGY



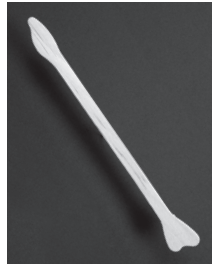
(a) Slide container



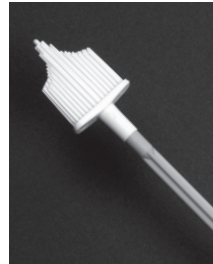
(b) Glass slides



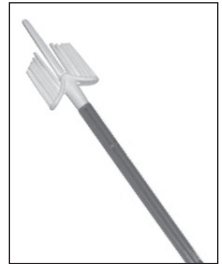
(c) Endocervical Brush



(d) Spatula - Wooden



(e) Cervical Sampler Broom Type



(f) Cervix Brush Combi



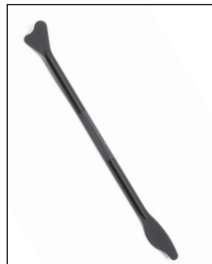
(g) Cytology Fixative Spray



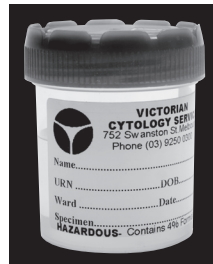
(h) & (i) Disposable Specula



(k) Thin Prep Sampling Vial



(l) Spatula - Plastic



(r) Histology Container

HPV & CHLAMYDIA TESTING



(s) DNAPAP Cervical Sampler (HPV & Chlamydia)



(t) Uri SWAB (Chlamydia Urine)

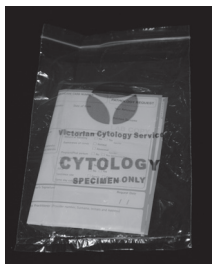


(u) Flocked Swab (Chlamydia)

MAILING



(m) Reply Paid Envelope



(n) Specimen Bag



(o) Pot Mailer (Thin Prep)



(p) Parcel Post Satchel



(v) Tube Mailer

For detailed mailing instructions go to <http://www.vcs.org.au/practices/ mailing.html>

MANUAL REQUEST FORMS (Provide details to be pre-printed on Manual Request Forms)

VCS PRACTICE NUMBER:

PHONE:

NAME:

ADDRESS:

POSTCODE: