



Consumables Order Form

Email your order to: stores@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 Containers		(i) Sampling Vials (6 pack)
	(b) Glass Slides (50 per pack)		(i) Sampling Vials (25 pack)
	(c) Endocervical Brush (100 per pack)	HISTOLOGY	
	(d) Spatula – Plastic	QTY	COLLECTION MATERIAL
	(e) Cervical Sampler – Broom Type (50 per pack)		(j) Histology Containers & Zip Lock Bags
	(f) Cervix Brush Combi (50 per pack)		
	(g) Cytology Fixative Spray (200ml)		
QTY	DISPOSABLE SPECULA		
	(h) Small (24 per pack)		
	(h) Medium (24 per pack)		
	(h) Large (10 per pack) <i>image not shown</i>		

HPV & CHLAMYDIA TESTING			
QTY	COLLECTION MATERIAL	QTY	COLLECTION MATERIAL
	(k) DNAPAP Cervical Sampler (HPV & Chlamydia)		(m) Flocked Swab (Chlamydia)
	(l) UriSWAB (Chlamydia Urine)		(n) Under 25's Chlamydia & Pap Test Pack

TRANSPORTATION AND MAILING SUPPLIES			
QTY	MAILER	USE FOR	When ordering please consider the most economical use of the mailing supplies.
	(o) Specimen Bio Hazard Bags	→ all specimens	
	(p) Reply Paid Envelopes	→ posting single slides to VCS	
	(q) Tube Mailers	→ UriSWABs & DNAPAP samples	
	(r) Pot Mailers	→ ThinPrep and Histology samples	
	(s) Reply Paid Satchel	→ single or multiple samples	

PATHOLOGY REQUEST FORMS* & INFORMATION RESOURCES			
QTY	PATHOLOGY REQUEST FORMS	QTY	INFORMATION RESOURCES
	Request Forms (<i>for computer printing</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
			Chlamydia - What is Chlamydia
			Patient reminder cards
			Taking a Pap test DVD
			Testing for Chlamydia DVD
			Mailing Pathology Specimens to VCS

* Pathology request forms are suitable for all tests

Date: _____

PTO for images of the consumables available.

Requested By: _____

(Print name)



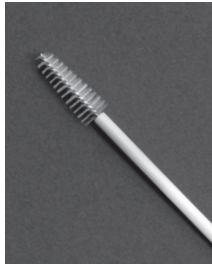
CERVICAL CYTOLOGY & HISTOLOGY



(a) Slide container



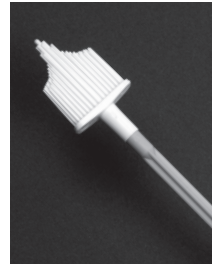
(b) Glass slides



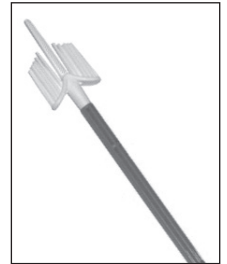
(c) Endocervical Brush



(d) Spatula - Plastic



(e) Cervical Sampler Broom Type



(f) Cervix Brush Combi



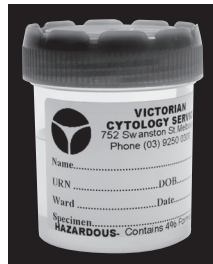
(g) Cytology Fixative Spray



(h) Disposable Specula



(i) Thin Prep Sampling Vial



(j) Histology Containers

HPV & CHLAMYDIA TESTING



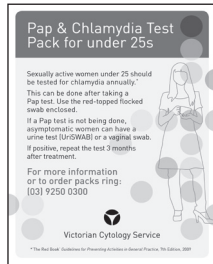
(k) DNAPAP Cervical Sampler (HPV & Chlamydia)



(l) Uri SWAB (Chlamydia Urine)



(m) Flocked Swab (Chlamydia)



(n) Under 25's Chlamydia Pap Test Pack
Contains slide & slide container, cervical sampler and flocked swab.

TRANSPORTATION AND MAILING SUPPLIES



(o) Specimen Bag



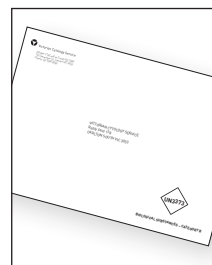
(p) Reply Paid Envelopes



(q) Tube Mailer



(r) Pot Mailer (Thin Prep)



(s) Reply Paid Satchel

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: