

## **Stores Order Form**

Clinic Name:		Date:			
Doctor's Name:					
Contact person and phone number:					
Clinic Address:					
Please email completed form to <a href="mailto:orders@infinitypath.com.au">orders@infinitypath.com.au</a> OR fax to your relevant site.					
InfinityPATH	Brisbane (Head Office) Fax: 07 3123 8889	Gold Coast Fax: 07 5609 7288		Sunshine Coast Fax: 07 5329 7889	
	Western/South Australia Fax: 08 6230 3044	Victoria Fax: 03 8595 1211		NSW/ACT Fax: 02 6188 4140	
	Description				Quantity
Histology Jars (10% Formalin) - 70ml			Pack/10		
Histology Jars (10% Formalin) - 25ml			Pack/24		
Scalpel Blades- Size 10			Box/100		
Scalpel Blades- Size 11			Box/100		
Scalpel Blades- Size 15			Box/100		
Punch Biopsy Kits - 2mm WITHOUT (default) or With Plunger			Box/20		
Punch Biopsy Kits - 3mm WITHOUT (default) or With Plunger			Box/20		
Punch Biopsy Kits - 4mm WITHOUT (default) or With Plunger			Box/20		
Punch Biopsy Kits - 5mm			Box/20		
Punch Biopsy Kits - 6mm			Box/20		
Punch Biopsy Kits - 8mm			Box/20		
Dermal curette - 4mm			Box/20		
Dermal curette - 7mm			Box/20		
Request Forms with labels - A4 size			Ream/100	)	
Specimen Bags - clear			Pack/50		
Stores Order Form ****Photocopy of original is acceptable					

<sup>\*</sup>Under HIC regulations any stock ordered must be used for Pathology collection only