



Australian Gastro Path Stores Order Form

Clinic Name:

Date:

Doctor's Name:

Contact person and phone number:

Clinic Address:

Please email completed form to orders@gastropath.com.au OR fax to

Australian Gastro Pathology Fax: 07 3905 1877

Description		Quantity Required
Histology Jars (10% Formalin) - 70ml	Pack/10	
Histology Jars (10% Formalin) - 250ml	Singular	
1.2L Bucket with Formalin	Singular	
2.3L Bucket with Formalin	Singular	
4L Bucket with Formalin	Singular	
BLANK Request Forms with labels - A4 size	Ream/100	
PREPRINTED Request Forms with labels - A4 size	Ream/100	
Specimen Bags - clear	Pack/50	
Stores Order Form ****Photocopy of original is acceptable		

*Under HIC regulations any stock ordered must be used for Pathology collection only