

## MAIDSTONE CYTOLOGY SUPPLIES REQUISITIONS FORM

REQUEST ONE MONTH'S SUPPLY ONLY PLEASE

ON AVERAGE YOUR SURGERY/CLINIC USES \_\_\_\_\_ PER MONTH

SPECIMEN COLLECTION		No. Req
Cervical Cytology	LBC CERVICAL CYTOLOGY PACK Including (forms), brushes, sample vials and plastic transport bags	Box of 25

GP/Clinic Address: \_\_\_\_\_

Supplies requested by	
Supplies will not be provided if this is not filled in.	

Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date required: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be delivered to \_\_\_\_\_

Please return completed form to  
Cytology Department Maidstone Hospital  
Or Email - [mtw-tr.lbcsupplies@nhs.net](mailto:mtw-tr.lbcsupplies@nhs.net)

FOR LABORATORY USE ONLY

DATE AND TIME SUPPLIES PUT FOR TRANSPORT	REQUEST COMPLETED BY

THIS FORM CAN BE PHOTOCOPIED