

e-Order Form for ThinPrep® Clinic Kit

COMPRISING OF:

ThinPrep® LBC Vials

Cervex Brooms

Specimen Bags

For the collection of cervical samples as part of the

**NHS Cervical Screening Programme**

**MANCHESTER CYTOLOGY CENTRE**

*This is to allow sufficient time to package the required kit and to schedule the most efficient delivery routes, thereby also helping to minimise our environmental impact*

**PLEASE NOTE**

Orders should be emailed to the department with a minimum of 2 weeks’ notice prior to being required, unless previously agreed

Version 1.1 | March 2024

**Division of Laboratory Medicine**

**e-Order Form for ThinPrep® Clinic Kit**

***\* Please do not print – Form is designed for electronic use \****

Open in Word, click each of the required fields, enter your response, save, and email completed form to:

[cytokit.orderform@mft.nhs.uk](mailto:cytokit.orderform@mft.nhs.uk)

|  |  |  |
| --- | --- | --- |
| **GP Practice code** *P, Y or N followed by 5 numbers e.g. P81245* | **GP National Code** | |
| **Name of Practice** *If known by more than one name, please try to remain consistent The laboratory should be notified of any changes* | **Practice** | |
| **Address line 1** | **Add1** | |
| **Address line 2** | **Add2** | |
| **Town** | **Town** | |
| **City** | **City** | |
| **Postcode** | **Postcode** | |
| **Named Point of Contact** *Name of individual(s) who will be taking delivery* | **Contact Name** | |
| **Contact telephone number** | **Contact Telephone** | |
| **Will access be limited, preventing delivery?** | **DO NOT DELIVER ON:** | |
| ***Please let us know any days/times you CANNOT take delivery*** *(closed on certain days; unable to accept deliveries at a certain time of day; change in opening hours; etc.)* | Monday  Tuesday   Wednesday  Thursday  Friday | **From** - **To**    **From** - **To**   **From** - **To**   **From** - **To**   **From** - **To** |
| **Any notes?** | **Optional notes for order** | |
| **Number of full trays remaining in surgery** *Please ensure all rooms are checked in and full trays counted* | **Quantity** full trays remaining | |
| **Average/expected number of samples per month** *Roughly how many samples do you send each month?* | Approx. **Quantity** samples/month | |
| **How many trays required? (Max 3 months)** *Number of trays required (25 vials in each tray)* | **Quantity** trays required  (Brooms/bags will be included) | |
| **Person completing this form** | **Name** | |
| **Date of order** | **Click or tap to enter a date.** | |