

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

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| --- | --- |
| **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 consistentThe 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.** |