**Order Form**

**Saint James’ Hospital (SJH) GP’s**

To place your order, simply complete this form and send it to**sjhgpsorders@ctie.eurofinseu.com**

**Delivery Details**

|  |  |
| --- | --- |
| **GP / Clinic Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |
| **GP** **Name** | Click or tap here to enter text. |
| **Delivery Address** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |

**Items**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Name** | **Product Type** | **Code** | **Supply per** | **Quantity** |
| ORCIS Paper | A4 Sheet, Plain with **8** Integral Labels | ORCISLB | 250 sheets | Click or tap here to enter text. |
| Stat Bag (Red) | Specimen Bag |  | 1 bag | Click or tap here to enter text. |
| Microbiology Bags (Purple) | Specimen Bag |  | 1 bag  | Click or tap here to enter text. |
| CT/NG Swab | Roche CT/NG Kit Female Cobas (Pink) | 7958021190 | 1 swab | Click or tap here to enter text. |
| CT/NG Urine Kit + PeeCanter | Roche CT/NG Kit Urine (Yellow) + Peecanter | 05170486190 + Peecanter | 1 urine kit | Click or tap here to enter text. |
| Fit vial (For Faecal Occult Blood) and Green Bag | OC-Auto Sampling Bottle 3 without barcode | REF V-PZ26 | 10 units | Click or tap here to enter text. |