

**PATHOLOGY AND CLINICAL LABORATORY PTE LTD
CONSUMABLES REQUISITION FORM (CRF)**

Clinic Stamp:	Clinic Staff:
	Date of Request:

SUPPLY REQUESTED: (Please fill in the numbers, not boxes/trays)

ITEM	QTY	ITEM	QTY	ITEM	QTY
TUBES: PLAIN		SYRINGES		UBT KIT	pcs
4ML	[] <small>pcs</small>	5cc	[] <small>pcs</small>	GLUCOSE POWDER	pack
6ML	[] <small>pcs</small>	10cc	[] <small>pcs</small>	GLUCOSE DRINK	btl
9ML	[] <small>pcs</small>	CONTAINERS		ZIPLOCK BAG	bag
TUBES: EDTA		URINE	[] <small>pcs</small>	A4 FOLDER	pcs
3ML	[] <small>pcs</small>	STOOL	[] <small>pcs</small>	REQUEST FORMS	
6ML	[] <small>pcs</small>	24hrs URINE	[] <small>pcs</small>	NORMAL	bklt
TUBES: OTHERS		MISC		CONVENTIONAL UNIT	bklt
FLUORIDE	[] <small>pcs</small>	THINPREP KIT	[] <small>pcs</small>	FITS TEST	bklt
CITRATE	[] <small>pcs</small>	PAP SMEAR KIT	[] <small>pcs</small>	CONSUMABLES REQUISITION FORM	bklt
NEEDLES		PAP SMEAR SPRAY	[] <small>btl</small>		
21G	[] <small>pcs</small>	PCR SWAB	[] <small>pcs</small>		
22G	[] <small>pcs</small>	GEL SWAB	[] <small>pcs</small>		

For Official Use	
Form Received By:	Packed By:
Date Received:	Delivered By:

Effective Date: 15 May 2020

PCL/Form/010 rev02

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MANY CONSUMABLES HAVE EXPIRY DATES.

PLEASE DO NOT ORDER MORE THAN 4 WEEKS OF YOUR USAGE.

WE WILL DELIVER YOUR SUPPLIES WITHIN 3 WORKING DAYS OF YOUR ORDER.

PLEASE USE CONSUMABLES SUPPLIED BY PATHLAB STRICTLY FOR SAMPLES SENT TO PATHLAB FOR TESTING.

CLINICS SHOULD NOT USE THEM FOR OTHER PURPOSES OR TO SEND SAMPLES TO OTHER LABORATORIES

Please acknowledge receipt.

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