

Cervical Cancer Screening Lab PAP Supply Order Form

Please FAX order form to: 604-707-2606

Requisition Forms:	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 400
Glass slides: (approximately)	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 400
Wooden spatulas:	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 400
Slide mailing containers:	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 400
Please allow 3-4 weeks for delivery			
Date faxed:			
Name and MSC #:			
Mailing address of Practitioner:			

Electronic version of this form and requisitions are available on:

<http://www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services/cervical-cancer-screening>