**SUPPLY ORDER FORM**

**Fax to:**  
(08) 9381 7092  
PathWest Supply  
Basement, J Block  
Hospital Ave  
NEDLANDS WA 6009  

(if you do not have access to a fax, please email the completed form to pathwest.waters@health.wa.gov.au)

**Requester’s Name:**  
________________________________________________________

**Requester’s Contact Number:**  
________________________________________________________

**Address for supply delivery:** (not a PO Box)

___________________________________________________________________  
___________________________________________________________________  
___________________________________________________________________  
___________________________________________________________________  

**Requester’s Preferred Courier:**  
________________________________________________________

**Requester’s Account Number with the courier:**  
________________________________________________________

**Number of Items Required:**

- _____ x 250 ml labelled sample bottles  
- _____ x 500 ml wide mouth sample bottles  
- _____ x 50 mL red capped non-pyrogenic, endotoxin free tubes (Only for Endotoxin testing)  
- _____ x 1 litre wide mouth labelled jars (For larger volume water sampling or ice sampling)  
- _____ x small foam coolers (for 250 mL sample bottles)  
- _____ x large foam coolers (mainly for 500 mL and 1 litre wide neck jars)  
- _____ x Ice bricks  
- _____ x Rolls of PathWest Water Urgent stickers (approx. 100 per roll-Blue stickers)

**Date required by:**  
_______________________

**Special Instructions:** (if required)

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___________________________________________________________________  
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