

### 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 250ml plastic sample bottles
- \_\_\_\_\_ x 1 kilo plastic wide necked jars (ice sampling – 3 per sample point)
- \_\_\_\_\_ x small foam Eskies (for 250mL sample bottles)
- \_\_\_\_\_ x large foam Eskies (for 1 kilo wide neck jars)
- \_\_\_\_\_ x Ice bricks

**Date required by:** \_\_\_\_\_

**Special Instructions:** (if required)

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\_\_\_\_\_  
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