



**PETERBOROUGH Chlamydia/Gonorrhoea Test
Kit Order Form. Source code PETERB CSP**

SITE CODE: _____

Name of site:
Address:
Telephone number:
Contact name:

I would like to order (please indicate number of kits below):

Urine Kits

Swab Kits

Please fax this form to the following number:

0207 307 7389

Alternatively, email to:

Orders@tdlpathology.com