**Email to:** [**labinfo@cdhb.health.nz**](mailto:labinfo@cdhb.health.nz)

Send to

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**Phone: 03 364 0484**

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| **Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |
| Ordered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**WORKPLACE DRUG TESTING SUPPLIES**

|  |  |
| --- | --- |
|  | Quantity |
| SUPPLIES FOR ORAL FLUID CONFIRMATION | |
| Oral Confirmatory Kits  ($40.84 Inc GST each, includes return DLE) |  |
| Oral Chain of Custody Pads (Yellow, $30.48 Inc GST) |  |
| **SUPPLIES FOR URINE CONFIRMATION** | |
| Urine Confirmatory Kits (Each) |  |
| Urine Chain of Custody Pads (Blue) |  |
| Urine Combined Chain of Custody Pads (Pink, $30.48 inc GST) |  |
| A5 courier bag (for return of single urine kit) |  |
| A4 courier bag (for return of two urine kits) |  |
| Other: |  |