

**Date of Document:** 12/5/2025  
**Clinic Name:** Molemap Brighton  
**Clinic Address:** 14/3 Male St Brighton 3186  
**Clinic Phone:** 1800 665 362  
**Clinic Contact:** Sophie

**Sterile instrument order:**

Item	Quantity	Sterilisation Date	Tracking number	Expiry Date
Suture Set	3	12/5/2025	250512:1	11/5/2026
Tissue Scissors	2	12/5/2025	250512:1	11/5/2026

**Total items:** 5      **Batch** 250512:1      **Sets** 5  
**Clean boxes Supplied:** 1  
**Dirty Boxes supplied:** 1

Sterile compliant on autoclave  
Sterile compliant on pack  
Sterile compliant on class 6 emulating indicator  
Sterile compliant on indicator label

YES / NO  
YES / NO  
YES / NO  
YES / NO

**Certified By:** Chris H

**Signed:** 

**Notes:**

