

**Date of Document:** 30/6/2025  
**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	4	30/6/2025	2506030:1	29/6/2026

**Total items:** 4      **Batch**      **Sets**  
**Clean boxes Supplied:** 1      2506030:1      4  
**Dirty Boxes supplied:** 1

**Sterile compliant on autoclave**      YES / NO  
**Sterile compliant on pack**      YES / NO  
**Sterile compliant on class 6 emulating indicator**      YES / NO  
**Sterile compliant on indicator label**      YES / NO

**Certified By:** Chris H

**Signed:** 

**Notes:**

