

**Date of Document:** 21/7/2025  
**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	21/7/2025	2507021:1	20/7/2026
Forceps	1	21/7/2025	2507021:1	20/7/2026

**Total items:** 5      **Batch**      **Sets**  
**Clean boxes Supplied:** 1      2507021:1      5  
**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:**



Assembled by:   
Date: 250721