

**Date of Document:** 16/5/2025  
**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	4	16/5/2025	250516:3	15/5/2026
Tissue Scissors				

**Total items:** 4      **Batch**      **Sets**  
**Clean boxes Supplied:** 1      250516:3      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:**

