



LBC PAP SUPPLIES **UPDATED ORDERING PROCEDURE**

Date Effective: February 20, 2018

Date Issued: February 1, 2018

Moving forward, The Stevens Company will be distributing clinician SurePath supplies for LBC Pap tests. These supplies will no longer be available from your referred cytology laboratory.

Stevens will be distributing for DSM the following supplies:

DSM Item #	Item Description	BD part #	Stevens Part #
225249	Kit Collection Vial SurePath 500	491253	333-491253-X
225248	Brush/Spatula Combo	490525	333-490524-PK
225247	Brush Cervex Rover/Broom	490524	333-490525-PK
	Distribution Service fee	NA	

Stevens will accept clinic orders via fax, email, or online. An account can be set up with Stevens to order via their website (see attached). Copies of the Stevens custom order form for emailed or faxed orders and the setup account enrollment form to create an online account for your convenience.

Stevens' customer service is always available to assist or answer any questions at:

Tel: 204-885-9440

Toll-free: 1-800-665-0368

Thank you.

For Further Information:

[Stevens](#)

[DSM Lab Information - LBC Pap Test](#)

DSM Contact Information:

Please contact the DSM phone center, 204-787-1534, and they will address your concerns or redirect them as required.



STEVENS
"Where service is a commitment"



Date: _____

Bill to: Account # 2009694
Diagnostic Services of Manitoba
#1502 – 155 Carlton Street
Winnipeg, MB
R3C 2H8

Ship to: _____

Order Placed by: _____
Phone: _____
Email: _____

<u>PRODUCT</u>	<u>DESCRIPTION</u>	<u>UNIT OF MEASURE</u>	<u>QUANTITY ORDERED</u>
333-491253-X	KIT COLLECTION VIAL SUREPATH	EACH	
333-490524-PK	BRUSH CERVEX ROVERS	PACK of 25	
333-490525-PK	BRUSH/SPATULA FOR SUREPATH PAP TEST	PACK of 25	

To place orders:

Via Fax: 1-888-640-8088

Scan and Email: MWOE@stevens.ca

If you have any questions please contact our Customer Care at 1-800-665-0368



THE STEVENS COMPANY LIMITED WEB SITE ACCOUNT SET UP FORM – DSM

This form contains the fields that we require to setup your online account. Please fill in the fields and return the completed form using one of the following methods;

- Fax the form to 1-888-640-8088
- Email the form to MWCS@stevens.ca

Return Date: _____

Account #: 2009694

First Name: _____

Last Name: _____

Email: _____

Phone #: _____

Ship To Address: _____

