



12 LEAD ELECTROCARDIOGRAPH ACCESSORIES ORDER FORM

ITEM	ORDER CODE	QUANTITY
<u>Manuals</u>		
Portable ECG		
CT100 user	MANUAL-01	
CT200 user	MANUAL-02	
CT1/200 Service Manual	MANUAL-03	
<u>Computer Accessories</u>		
25 Pin to 25 Pin Serial PC Link Cable	PCLINK-03	
25 Pin to 9 Pin Serial PC Link Cable	PCLINK-07	
PC Cable Converter 25 pin to 9 pin	PCLINK-05	
USB PC Link Cable	PCLINK-06	
<u>Various</u>		
Carry Case	CARRYC-01	
Stand	STANDZ-01	
M6 screw for stand	FASTEN-14	
Spindle for ECG unit	SPINDL-01	
Plotter lid	CASING-02	
Paper lid	CASING-03	
<u>Patient Cables</u>		
12 lead ECG cable (European)	PATCAB-15	
12 lead ECG cable (US)	PATCAB-16	
Veterinary ECG cable (European)	PATCAB-03	
Veterinary ECG cable (US)	PATCAB-04	
<u>Electrodes</u>		
Disposable electrodes (100)	ELECTR-01	
Alligator clips (Human) 10 pack	ELECTR-03	
Alligator clips (Vet) 4 pack	ELECTR-04	
Chest electrodes (6 suction bulbs)	ELECTR-05	
Limb clamp – adult (set 4)	ELECTR-06	
Limb clamp – baby (set 4)	ELECTR-07	
Limb plates - for rubber strap	ELECTR-08	
Limb straps rubber (4 pack)	ELECTR-09	
ECG Gel	ELECTR-10	
<u>ECG Paper</u>		
THERMAL paper roll (small) – single	PAPERS-02	
THERMAL paper roll (small) – box of 30	PAPERS-01	
THERMAL paper roll (large) – single	PAPERS-03	
THERMAL paper roll (large) – box of 10	PAPERS-04	
A4 Graph paper (100 sheets)	PAPERS-05	
<u>Power Pack</u>		
Charger (Euro)	PLUGPK-01	
Charger (US)	PLUGPK-02	
Charger (AUS)	PLUGPK-03	
Charger (UK)	PLUGPK-04	
6 V Battery	BATTER-01	
<u>OLD MODELS (INK PRINTER)</u>		
ECG pen set - 4 colour	OLDECG-01	
ECG pen set - 4 black	OLDECG-02	
ECG pen set - 4 blue	OLDECG-03	
PLAIN paper roll (small) – box of 30	OLDECG-04	
PLAIN paper roll (large) – box of 10	OLDECG-05	
Plotter Pen Barrel	OLDECG-06	
Keypad for CT200 (WITH PLOTTER)	OLDECG-07	
Keypad for CT100 (WITH PLOTTER)	OLDECG-08	
Plotter lid	OLDECG-09	
Paper lid	OLDECG-10	

PLEASE ENTER YOUR COMPANY
DETAILS BELOW FOR DELIVERY

Company: _____

Contact: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

Company Stamp/Authorised
Signature: _____

PLEASE SEND THE ORDER FORM TO
MACQUARIE MEDICAL SYSTEMS.
CONTACT DETAILS ARE AT BOTTOM
OF ORDER FORM

PAYMENT METHOD:

() Approved Account

() TT Direct Credit to our
Bank Account (contact us)

() Prepaid Credit Card

No: ____/____/____/____

Card Expiry: ____/____

ADDITIONAL NOTES/REQUESTS:

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