

ACCOUNT SET-UP FORM

Please email the completed form to info@lab21.com

CLINIC INFORMATION

This information will appear on the report together with the name of the requesting clinician.

Department	<input type="text"/>		
Hospital	<input type="text"/>		
Address	<input type="text"/>	Town	<input type="text"/>
		Postcode	<input type="text"/>

MAIN CLINICAL CONTACT

Name	<input type="text"/>	Tel	<input type="text"/>
Job title	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

NOTE: PLEASE COMPLETE REPORTING INFORMATION ON PAGE 2

DETAILS FOR INVOICE

Name	<input type="text"/>		
Department*	<input type="text"/>		
Hospital*	<input type="text"/>		
Address	<input type="text"/>	Town	<input type="text"/>
		Postcode	<input type="text"/>

* If different from above

VAT OR EU EQUIVALENT

Number	<input type="text"/>
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ACCOUNTS DEPARTMENT CONTACT

Purchase order no.	<input type="text"/>	Tel	<input type="text"/>
Name	<input type="text"/>	Fax	<input type="text"/>

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Date received	<input type="text"/>
Account number	<input type="text" value="DD"/>
Test(s)	<input type="text"/>

COMMENTS

ACCOUNT SET-UP FORM

EMAIL ADDRESSES FOR TEST REPORTS

Reports will be sent as PDF attachments to a maximum of two email addresses per test. It is recommended that one email address should be an administrative contact.

Department Hospital

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

Test (e.g. PGx, TDM, etc.)

First addressee email

Second addressee email

FOR LAB21 USE ONLY

Account number