

ENROLMENT FORM

INTERNATIONAL LABS (NON SA) - APRIL & OCTOBER 2010

Pathology Group:

Lab Name:

Lab Contact Person:

Telephone No: Fax No:

E-mail Address:

Sample Delivery Address: **Samples can only be delivered to a Physical Address**

Accounts Contact Person:

Telephone No: Fax No:

E-mail Address:

Invoice Postal Address:

Order Number: Date:

PRICES EXCLUDE VAT
CYCLE DURATION: 6 MONTHS

