

ENROLMENT FORM

INTERNATIONAL LABS (NON SA) – FEBRUARY & AUGUST 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**

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No	PROGRAMME	CAT. No.	FEE IN RANDS (For a 6 month cycle)	NO OF LABS ENROLLED
1.	Differential Slide (6 Samples)	QADIFF	2063	
2.	Differential Slide Stats	DIFF/S	1295	
3.	HIV Serology	SERO1	1592	
4.	HIV Serology Stats	SERO1S	1099	
5.	CSF	QACSF	2362	
6.	CSF Stats	QACSFST	1464	
7.	Transfusion Medicine	QATRAN	4400	
8.	Transfusion Medicine Stats	TRANS	2498	
9.	D-Dimers	QAD-DIM	1714	
10.	D-Dimers Stats	D-DIM/2	1155	

TRANSFUSION MEDICINE NOTICE:

Please check your kit upon arrival and call Thistle immediately if there are any problems with your kit. Take note that the Transfusion Medicine samples are sent one day after arrival at the Thistle stores. If an order is received late, we cannot guarantee the stability of these samples.

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LAB NAMES TO RECEIVE VIALS: If more than one lab has ordered samples, please state names of labs below, to receive the samples, forms, certificate and instructions.	LAB NAMES TO RECEIVE STATS: State the names of the labs to receive "stats" only. This means sharing samples and only receiving forms, certificates and instructions.