

## ENROLMENT FORM

### NATIONAL ENROLMENTS FOR 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**

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No	PROGRAMME	CAT. No.	FEE IN RANDS (For 6 month cycle)	NO OF LABS ENROLLED
1.	Microbiology (6 Samples)	QAMICR	3251	
2.	Serum hCG (6 Samples)	QAPREG	1782	
3.	Serum hCG Stats	PREGP	891	
4.	Glycosylated Hb (6 Samples)	HBA1C	3570	
5.	Glycosylated Hb Stats	HBA1CS	1785	
6.	ESR (6 Samples)	QAESR	1868	
7.	ESR Stats	QAESRST	934	

LAB NAMES TO RECEIVE SAMPLES: 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.