

## ENROLMENT FORM

### NATIONAL ENROLMENT FOR 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	1456	
2.	Differential Slide Stats	DIFF/S	728	
3.	HIV Serology	SERO1	986	
4.	HIV Serology Stats	SERO1S	493	
5.	CSF	QACSF	1796	
6.	CSF Stats	QACSFST	899	
7.	Transfusion Medicine	QATRAN	3804	
8.	Transfusion Medicine Stats	TRANS	1903	
9.	D-Dimers	QAD-DIM	1118	
10.	D-Dimers Stats	D-DIM/2	560	

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