

Faecal NIRS

Analysis Request Form



DATE:		TELEPHONE NO.		PURCHASE ORDER NO.	
SEND REPORT TO ATTENTION OF:		FAX NO.			
TRADING NAME:		EMAIL:			
ADDRESS:		INVOICE ADDRESS:			
AUTHORISED PERSON (PRINT)		SIGNATURE			

PAYMENT METHOD: IF PAYING BY CREDIT CARD PLEASE FAX TO (07) 3219 0333

PLEASE DEBIT MY CREDIT CARD:

CHEQUE <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	BANKCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
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NAME ON CARD:			
CARD NUMBER:	____/____/____/____	CARD EXPIRY DATE:	____/____
SIGNATURE:		TOTAL AMOUNT	
		DATE:	

TESTS REQUIRED

SAMPLE DESCRIPTION/ IDENTIFIER	NIRS FAECAL	ES045.1
		FAECAL ANALYSIS BY NIR
PRICE PER SAMPLE (INCLUSIVE OF GST)	\$64.18	\$29.18

Authorised Person (Print): _____

Sign: _____

This document needs to accompany the samples. Please read attached instructions on how to prepare and submit the faecal sample.