

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 CF086-A	CF086-P
		FAECAL ANALYSIS BY NIR
PRICE PER SAMPLE (INCLUSIVE OF GST)	\$41.41*	\$30.05

* A \$38.50 (inclusive of GST) administration charge applies for each invoice raised. Price valid until 30th June 2020.

Authorised Person (Print): _____

Sign: _____

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