Faecal NIRS
Analysis Request Form

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TELEPHONE NO.</th>
<th>PURCHASE ORDER NO.</th>
</tr>
</thead>
</table>

SEND REPORT TO ATTENTION OF:

TRADING NAME:

ADDRESS:

AUTHORISED PERSON (PRINT):

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

<table>
<thead>
<tr>
<th>CHEQUE</th>
<th>MASTERCARD</th>
<th>BANKCARD</th>
<th>VISA</th>
</tr>
</thead>
</table>

NAME ON CARD:

CARD NUMBER: __________/________/________/________

CARD EXPIRY DATE: __________/________

SIGNATURE:

TOTAL AMOUNT DATE:

TESTS REQUIRED

<table>
<thead>
<tr>
<th>SAMPLE DESCRIPTION/ IDENTIFIER</th>
<th>NIRS Faecal CF086-A</th>
<th>CF086-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAECAL ANALYSIS BY NIR</td>
<td>$41.41*</td>
<td>$30.05</td>
</tr>
<tr>
<td>PHOSPHORUS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.