

NEW Customer Registration Form (CRF)



BLOCK CAPITALS

BLOCK CAPITALS

Organisation Legal
Entity Name

Organisation Type:
NHS Trust, PCT, University, Ltd, etc.

Invoice Address

Post Code

Requesting
Hospital/Lab/Depart
(Draw Location)

Post Code

Finance Contact

Tel
Fax
Email address for Invoices and Statements

Requesting Clinician

Tel
Fax
Email contact

Do you Require a PO
number quoted on
invoices?

If Yes, please provide PO
Number Here :

I confirm that the information provided is correct and I have read and agree to Oxford Diagnostic Laboratories terms and conditions of service and that I am an authorised signatory of this organisation

Signature _____

Date _____

Print Name _____

Position in organisation _____

Please Fax Signed form to : 01235 442781 or email to accounts@oxfordimmunotec.com

Office use only:

TM

A/c Code

Entered in LIS By:

Entered in Exchequer By:

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