**PLEASE COMPLETE ALL SECTIONS LEGIBLY – INCOMPLETE DETAILS MAY RESULT IN DELAY**

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| ACCOUNT DETAILS |
| OCB Account Number: | Requestor Name (if not requesting Physician): |
| OCB Account Name (Registered Clinic Address): | Requestor Signature (if not requesting Physician): |
| PHYSICIAN DETAILS |
| Requesting Physician full Name: | Designate full Name (if required): |
| Requesting Physician signature: | Designate signature (if required): |
| Requesting Physician contact details (phone and email): | Designate contact details (phone and email, if required): |
| TEST DETAILS |  |
| Test Type: [ ] ToxNav | Sample type: [ ] Venous Whole Blood |
| Number of tests required:\_\_\_\_\_\_\_\_\_ | Sample Container: [ ] Violet Vacutainer (EDTA) |
| Sample Volume: [ ] 4ml |

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| ORDERING INSTRUCTIONS - EMAIL |
| Download, complete and sign this form  |
| Return this form to colotox@oxfordbio.com |
| ORDERING INSTRUCTIONS - PHONE |
| Phone +44(0) 1865 784743  |
| Request an order and provide the information required to complete this form  |
| The completed form will be send to via email  |
| Sign and return this form to colotox@oxfordbio.com |

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| OCB CONTACT DETAILS |
| OCB Customer Service Tel. | 01865 784743 |
| OCB Customer Service Email. | Enquries@oxfordbio.com |