

**IEQAS Verification Process for IFCC HbA_{1c}
Point of Care Testing (POCT) meters
Distribution date: 13th April 2010**

ORDER FORM

Contact and invoicing details		
	Your details	POCT co-ordinator details (if one in your area)
Hospital		
Contact person		
Department		
Phone No		
Email		
Invoice to		
PO Number:	Signature:	Date:
No orders accepted without Purchase Order		

Your meter details					
	Manufacturer	Model	Serial Number		
(1)	_____	_____	_____	@ €170	€ _____
(2)	_____	_____	_____	@ €80*	€ _____
(3)	_____	_____	_____	@ €80*	€ _____
(4)	_____	_____	_____	@ €80*	€ _____
(5)	_____	_____	_____	@ €80*	€ _____
(6)	_____	_____	_____	@ €80*	€ _____
(7)	_____	_____	_____	@ €80*	€ _____
(8)	_____	_____	_____	@ €80*	€ _____
					TOTAL € _____

*each additional analyser at same postal address

Samples will be sent on 13th April 2010

Please complete and return the Order Form before 26th March 2010.

Office use only: checked by _____ PO checked by _____ db updated by _____ LQ updated by _____ invoiced by _____ Notes:
