

**IEQAS Verification Process for IFCC HbA<sub>1c</sub>  
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:
<b>No orders accepted without Purchase Order</b>		

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

\*each additional analyser at same postal address

Samples will be sent on 13<sup>th</sup> April 2010

**Please complete and return the Order Form before 26<sup>th</sup> March 2010.**

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