

ALCAT Test Kit Order Form

(please complete and return by post or fax)

Practitioner Details		Kit Delivery Details	
Name		Client Name	
Address		Address	
Tel No:		Tel No:	
		Date of Birth	
		Gender	Male / Female
Test Kit Order		Blood Draw Details	
<i>(Please tick the ALCAT Tests required)</i>		<i>(Please tick the appropriate arrangement)</i>	
<input type="checkbox"/>	BT100 – 100 Food Test	<input type="checkbox"/>	Own arrangements to be made with a Hospital, Doctor or Nurse
<input type="checkbox"/>	F50 – 50 Food Test	<input type="checkbox"/>	A Hospital on the list provided will be used (an introduction letter will be provided with the kit)
<input type="checkbox"/>	VEG120 – 120 Vegetarian Foods Test	<input type="checkbox"/>	The patient will be paying the Hospital direct for phlebotomy
<input type="checkbox"/>	Chem 30 Test (FA10 + FC10 + ENV10)	Results Despatch Details	
<input type="checkbox"/>	Chem 50 Test (FA10 + FC10 + ENV10 + ATB10 + AI10)	<i>(Please tick preferred results despatch)</i>	
<input type="checkbox"/>	M10 – 10 Mould Test	<input type="checkbox"/>	Send results to Practitioner only
<input type="checkbox"/>	M21 – 21 Mould Test	<input type="checkbox"/>	Send results to client only
<input type="checkbox"/>	M21 – 21 Mould Test	<input type="checkbox"/>	Send results to both client and practitioner
Special Instructions			
Samples must be drawn into the (sodium citrate) tubes provided			
Blood Sampling Instructions are included with the Kit(s) for the Phlebotomist's attention			
A Laboratory Request Form is included with the Kit(s) and should be completed and returned with each patient sample			

Payment Details

Total Cost:

Please write the total amount due £ _____
the cheque payable to: **NPTech Services Ltd and return to ...**

Payment by Cheque: If you are paying by cheque please make
Wellington House, 96-98 Wellington St, Newmarket, CB8 8SX

Payment by Credit/Debit Card

If you are paying by credit/debit card please complete the following:

Cardholders Name _____
(exactly as on the card)

Card Type: Mastercard * Visa * Switch * Other *

Card Number * * * * * * * * * * * * * * * * * *

Valid From: * * / * * Expiry Date: * * / * *

Issue No *(Switch only)* * * Security Code * * *

Cardholders Full Address

Signature: _____

Print Name: _____