

## Customer Order Form

Customer A/C Code: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

VAT Number (if applicable): \_\_\_\_\_

<u>Catalogue No.</u>	<u>Description</u>	<u>Quantity</u>
TB.200	T-SPOT™.TB 96 (24 test kit)	
TB.300	T-SPOT™.TB 8 (24 test kit)	
AV.200/500	Gibco™ AIM-V Medium liquid (500ml)	
AV.200/50	Gibco™ AIM-V Medium liquid (50ml)	
CPT.460	BD Vacutainer® CPT™ 4ml (60 tubes)	
CPT.860	BD Vacutainer® CPT™ 8ml (60 tubes)	
TTK.610	T-Cell Xtend™ (3x 2mL)	

Special Instructions: \_\_\_\_\_

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