

## **BVD** Ear Notch Testing Form

Customer Name:			Date:	
Customer Address:				
			Herd Identifier: IE_	
			Herd Designator 3	72:
			Herd Number: _	
Contact Number :			<del></del>	
	Acco	unt Types:		
	<b>Prepaid:</b> A prepaid account is set up with Enfer Labs to pay for tests in advance. Call 045 983800 for details of your sample rate.			
	<b>PAYG:</b> Pay As You Go, where payment is made each time samples are submitted. Payment is made for the exact amount of samples submitted each time.			
		Rates: You may be entitled to a lo ls of your sample rate.	wer NHS rate if you have current	NHS status. Call 045 983800 for
Quantity to be Tested		Description	Unit Price	Total €
		BVD Ear Notch Samples Test		
Payment Type:		<u> </u>		
Cheque		Postal Order	Visa/ Visa Debit / Master Card	
Card Number:				
Expiry Date:			Security Code: Last 3 digits on the back of card	
Customer Signature:				
Please write your Herd Identifier Number on the back of ALL payments (cheques, postal orders etc.)				
Please return samples for testing and payment to:				
Enfer Labs, Unit U, M7 Business Park, Newhall, Naas, Co. Kildare				
Telephone: 045 983800	E-1	mail: info@enfergroup.com	website: www.enfergroup.com	Vat No. IE6402968R
Revision No. 03	Docum	nent Number: FT0213		

**Document Approval** 

Issued By: M. Redmond Authorised By: P. Simmons