

Reproductive Science

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Reproductive Science - Enrolment Form

Fields marked * are mandatory

*Laboratory Code under a UK NEQAS Scheme, v	Please quote UK NEQAS code for your laborator write 'NEW')	ry. (If not already enrolled
*Contact name for EQA		_
*Contact email for EQA Distributions including online a address.	and correspondence (except for persistent performance is	(Basic EQA Licence Holder) ssues) will be sent to this email
*Department	Sub-department (if any)	
*Hospital/Institution		
Street	District	
Town	Country	
Post code		
*Head of Department /Quality	У	
*Email address for Head of D	Department /Quality	
*Telephone No:	Fax No:	
Participation is continue	ous and cancellation must be in writing.	
DATE	_SIGNATURE	
*Trust/Institution details for	Invoice purposes	
*Purchase order number		
Please complete both page	s ensuring your laboratory code if already enrolled	d in a UK NEQAS Scheme is

quoted on each page and fax to +44 (0)161 276 6609 Please provide an official order number and copy of a valid V.A.T. exemption certificate (if applicable). Invoices will be raised by "Central Manchester University Hospitals NHS Foundation Trust".

Cancellation of participation must be in writing.



Reproductive Science

CHARGES FOR UK NEQAS REPRODUCTIVE SCIENCE SCHEME-1st April 2013 to 31st March 2014

SCHEME C	HARGES for full year enrolment of unit		2013/2014	Enrol Fees Du
ANDROLOGY - seme motility and different <u>expert.com</u>) Price inclu		£490.00		
OVERSEAS POST & No fee for laboratories prov		£65.00		
EMBRYOLOGY - onlin expert.com) Price inclu		£525.00		
Reservations for Marc Andrologists and Emb places required.		£85.00 per person		
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	Annual Fees for individual licences for web base		Excl. VAT	£
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Please use a separate sheet if necessary.							
	Title	M/F	Name of applicant	Email Address for log on	Andrology licence (please tick)	Embryology licence (please tick)	
1							
2							
3							
4							
5							
6							
7							
8							