

**FAXBACK ORDER FORM** to: **+44 (0)1768 891389**

Veterinary Immunogenics Ltd Carleton Hill Penrith Cumbria CA11 8TZ

**PLEASE COMPLETE IN FULL** **DATE**.....

**FROM:** Practice name .....

Address .....

.....

County..... Post Code ..... Country .....

Tel no .....Fax no.....

**Email address** .....

**Non UK European Union Customers** **Please supply your VAT Number**

Value Added Tax number ; Tax Sur La Valeur Ajoutee ; Part. IVA ; MWST

.....  
**VAT at 17.5% will be added to the invoice for this order if a valid VAT number is not provided for us to submit to our Customs & Excise Authority**

**CREDIT CARD DETAILS** Master Card/Visa card payments are accepted

Card Number: Expiry Date

Security Code Number

**FOR THE LATEST INFORMATION PLEASE VISIT [www.veterinaryimmunogenics.com](http://www.veterinaryimmunogenics.com)**

**Please supply the following :-**

<b>PLASMA PRODUCTS</b>	<b>Size</b>	<b>Quantity Required</b>
<b>HYPERMUNE</b>	<b>1 litre</b>	.....
<b>HYPERMUNE-RE</b>	<b>1 litre</b>	.....

**TEST KITS & OTHER ITEMS**

**GAMMA-CHECK-E** (6 test kit) .....

**GAMMA-CHECK-C** (6 test kit) .....

**BLOOD ADMINISTRATION SET** .....

**Print contact name**..... **Signature** .....

**If required URGENTLY, or SATURDAY delivery in UK please tick**