

IDEXX Customer Registration Form (Page 1)

Customer Information:

Company Name: (including Legal entity status, such as Ltd.) IDEXX account number / IDEXX Lab account number: (where applicable)
(Required field) /

Practice address: Postal Code:

Telephone Number: Fax Number:
(Required field)

E-mail Address: VAT registration number: (Required field)

Please tick if you would like to receive further information from IDEXX about their products and services
 Please tick if you would like to receive service updates by e-mail to the address above
 Please tick if you would like to receive marketing updates by e-mail to the address above
 Please tick if you **do not wish** us to subcontract your samples for analysis ordinarily performed by IDEXX Reference Laboratories Wetherby to other IDEXX Reference Laboratory providers or other evaluated and approved partners, in the event that there is incident or situation which could significantly impact on our ability to meet stated turnaround times

Billing Information (If different to above information)

Additional Address Information:

Company Name: (including Legal entity status, such as Ltd.) IDEXX account number: (where applicable)

Practice address: Postal Code:

Does the above information apply to your Lab account? Yes No

Are you a part of a Buying Group, Account Group or are you a Branch surgery? Yes No

Name of Buying Group or Main Surgery: City: Postal Code:

***Buying Group membership must be validated. Please provide relevant supporting documentation.**

Does the above information apply to your Lab account? Yes No (Please fill out alternative details below where applicable)

Name of Lab Buying Group or Main Surgery: City: Postal Code:

***Buying Group membership must be validated. Please provide relevant supporting documentation.**

VAT Exempt (please provide exemption certificate)
 Please contact me to set up Direct Debit

If you are an existing IDEXX customer and your V.A.T. registration number or legal status has changed, you will be provided with a new account number. To ensure your new account contains the correct information, please tick which applies below: (multiple entries possible)

I wish to transfer my instruments to my new account
 I wish to transfer my Extended Maintenance Agreements (EMA) to my new account

I would like further information on IDEXX Reference Laboratories.
 I would like further information on IDEXX In-House Diagnostics.

Initials

Once you have completed this form please fax or e-mail to IDEXX Customer Support at:
 Fax: +44 (0) 1937 544 001 // E-mail: customersupportUK@idexx.com

IDEXX Customer Registration Form (Page 2)

Lab Application Details

Practice Management (PIMS) provider (if known):

Preferred method of receiving Lab reports: Fax E-mail Preferred email format: Attachment No Attachment
 Electronic

I have received an IDEXX starter pack from my account manager and guidance has been given on the components and their use: Yes No

I _____ on behalf of the surgery as stated above, consent to using IDEXX Laboratories for my reference laboratory work.

IDEXX In-Clinic Equipment Used:

- Catalyst Dx® Chemistry Analyser IDEXX VetAutoread™ Haematology Analyser None
 ProCyte Dx® Haematology Analyser LaserCyte® Haematology Analyser Other: _____
 VetTest® Chemistry Analyser SNAPshot Dx® Analyser _____

Practice Stamp:

If you are setting up a new account please provide either your practice stamp or a printed company letterhead.

Date:

Signature:

Office Use Only

Primary Laboratory: _____

Courier: _____

Account Code: _____

Name of courier route: _____

Start up Supplies sent: _____

Lockbox installed: _____

Volume Discount Allowed: _____

Electronic reporting type: _____

If VetEnvoy, provide GUID number: _____

Fixed Discount: _____

Source Classification if applicable: _____

Subject Line Options: Owner + Animal name

MRCVS Registration verified: _____

Account Code

Vet's Name

Date completed: _____

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Fax: +44 (0) 1937 544 001 // E-mail: customersupportUK@idexx.com