

NEW CLIENT ACCOUNT FORM

WELCOME TO EUROFINS BIOMNIS

For further assistance please contact any of the below:

Client Services:	clientservices@ctie.eurofinseu.com
Accounts:	accounts@ctie.eurofinseu.com
Logistics:	lablinklogistics@ctie.eurofinseu.com
Orders:	orders@ctie.eurofinseu.com
Sales:	sales@ctie.eurofinseu.com

Return the completed form to marketing@ctie.eurofinseu.com

Company Address

Registered Organisation Name:

Trading Name (If different from above):

Department:

Address:

Town/City:

County:

Eircode/Post Code:

Country:

Is the invoice address different?

YES NO If yes, please enter invoice address below

Invoice Address:

Town/City:

County:

Country & Eircode/Post Code:

Primary Contact

Name:

Phone:

Position:

Fax:

Department:

Email:

Is the invoice primary contact different? YES NO If yes, please enter Invoice primary contact below

Name:

Phone:

Position:

Fax:

Department:

Email:

Please specify if the person receiving results is registered with:

Eurofins Biomnis cannot issue results to any person who is not registered with one of these professional bodies

 The Irish Medical Council or equivalent state regulatory body or board (if yes please specify) Institute of Biomedical Science or equivalent (if yes please specify)

equivalent:

 The Academy of Clinical Science and Laboratory Medicine in Ireland Bord Altranais CORU**What are your Requirements?****Medical Testing**

Visit www.testguide.ie or scan the QR code to see our list of tests


Sample Transport

For Sample Transport, please contact our Logistics team
lablinklogistics@ctie.eurofinseu.com

Test Consumables

To order kits, tubes, bags, forms etc, email orders@ctie.eurofinseu.com using the Orders Form we send to you, having set you up as a new client.

ORCIS - Test Ordering Portal

CDx Connect - Test Results Portal

Eurofins Biomnis offer electronic ordering (Orcis) and a results portal (CDx Connect)

- To reduce the use of paper (**carbon footprint**). Paper results will not be issued unless you tick the **Must Have** box
- Reduce errors (handwriting and data input errors)
- Improve TATs (turnaround times)

Main User of CDx Connect (sets up the account then approves all other users)

Persons Name : (Block Capitals)

Position/Role:

Department:

Email Address:

Name of Organisation:

I **MUST HAVE** paper results (*enter results address below*)

Address of Organisation:

Authorising Signature: This person authorises the above as the main user of CDx Connect

I, (Block Capitals)

, hereby authorise the above member of staff to access both

ORCIS and CDx Connect and to be the Main Designated User of CDx Connect on behalf of the organisation specified above:

Signature:

Position:

Date:

DAY / MONTH / YEAR

DAY

MONTH

YEAR

- The above signature can be manual or electronic, but must be a signature, not a typed name.
- Please note the details on the “Main User of CDx Connect” and on the “Authorising Signature” sections must be of different senior staff members. Self-authorisation is not permitted. Exemption applies only to sole traders.
- Access to CDx Connect and ORCIS is specific to each individual and the sharing of unique personal username and password is strictly prohibited.
- If a staff member no longer requires access, it is the responsibility of you, the client, to contact Eurofins Biomnis Ireland to request their access is removed.

Invoices and Statements: Eurofins Biomnis will be processing your test samples and reporting results, constituting a legitimate business interest to sending you invoices and statements by email for the payment of these services. We are not posting out Invoices or statement (*carbon footprint reduction*)

Email to receive invoices:

Email to receive statements (if different from the above):

GDPR & EPRIVACY DIRECTIVE

Dear Client,

It is a GDPR & ePrivacy Directive requirement that we get your written consent to receive emails that may be termed 'marketing'

From time to time, Eurofins Biomnis will want to send you information about new diagnostic tests, test innovations, events and educational webinars. If you would like to receive this information, please **OPT IN** below. We will only send you information on our products and services, similar to those you already purchase.

We will save this consent but will always offer you the option to 'Unsubscribe' or 'Opt Out' in every email communication.

I opt in

Email to receive new product updates, news etc

Signature:

Position:

Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
DAY		MONTH		YEAR

1. Primary contact**Out of Hours**

Please provide a contact name and direct dial/mobile number for emergency critical results during out of hours (Mon-Fri AFTER 5pm and WEEKENDS):

Contact Name:**Direct Dial/Mobile Number:****2. Secondary contact****Out of Hours**

Please provide a contingency contact name and direct dial/mobile number for emergency critical results during out-of-hours (Mon-Fri After 5pm and Weekends) in the event that the primary out of hours contact is not available:

Contact Name:**Direct Dial/Mobile Number:****1. Primary contact****Normal Working Hours**

Please provide a contact name and direct dial/mobile number for Critical Results during normal working hours (Mon-Fri 8am-5pm):

Contact Name:**Direct Dial/Mobile Number:****2. Secondary contact****Normal Working Hours**

Please provide a contingency contact name and direct dial/mobile number for critical results during normal working hours (Mon-Fri 8am-5pm) in the event that the primary contact does not answer:

Contact Name:**Direct Dial/Mobile Number:**

To receive **BULLETINS** with service updates including test amendments, reference ranges, holiday logistic notices and TAT updates, please complete the below

Contact for your administrative team

Who should our pre-analytics team contact regarding identifier errors e.g. name of patient

	Primary Contact	Secondary Contact
Title (Dr. etc.)		
Name		
Job Title		
Department		
Email		
Phone Number		

Contact for your Nursing / Clinical team

Who should our pre-analytics / queries teams contact to e.g. clarify test request queries, advise if an incorrect sample has been received etc?

	Primary Contact	Secondary Contact
Title (Dr. etc.)		
Name		
Job Title		
Department		
Email		
Phone Number		

Contact for Escalations

Who to contact regarding escalations of issues?

	Primary Contact	Secondary Contact
Title (Dr. etc.)		
Name		
Job Title		
Department		
Email		
Phone Number		