

To be completed by client:

GP Name:

Practice Name:

Practice Address:

GP MCRN:

Healthmail Address/Email Address

Please provide contact information for critical results during normal working hours

Primary Contact Name:

Primary Direct Dial/Mobile Number:

Secondary Contact Name:

Secondary Direct Dial/Mobile Number:

Please provide contact information for critical results during out-of-hours

Primary Contact Name:

Primary Direct Dial/Mobile Number:

Secondary Contact Name:

Secondary Direct Dial/Mobile Number:

Please return completed form via email to our Client Services team at clientservices@ctie.eurofinseu.com

Note: It is the test requestor's responsibility to provide up-to-date and accurate contact details (mobile number) to ensure Eurofins Biomnis can reach them in the event of a critical result. Please contact Client Services as soon as possible to update this information.