



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?

<input type="checkbox"/> Medical Testing	<input type="checkbox"/> Sample Transport	<input type="checkbox"/> Test Consumables
<p>Visit www.testguide.ie or scan the QR code to see our list of tests</p> 	<p>For Sample Transport, please contact our Logistics team lablinklogistics@ctie.eurofinseu.com</p>	<p>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.</p>

ORCIS - Test Ordering Portal

CDx Connect - Test Results Portal

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

- 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)

Details of the Person & Clinic Requiring Access:

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: The Signature can be manual or electronic but must be signed (not typed in)

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

- The authoriser must be a senior manager/owner/director to authorise a user. For a sole trader, the user and authoriser may be the same person (e.g. GP and Owner).
- Please allow 5 working days for setup of new accounts from receipt of your request
- Access to CDxConnect 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:

 / /

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.)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Job Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Job Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact for Escalations
 Who to contact regarding escalations of issues?

	Primary Contact	Secondary Contact
Title (Dr. etc.)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Job Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>