



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:

Primary Contact

Name: Phone:

Position: Fax:


Department: Email:

Please specify if the person receiving results is registered with:

- 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)
- The Academy of Clinical Science and Laboratory Medicine in Ireland
- Bord Altranais
- CORU

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

What are your Requirements?

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

- Reduce the use of paper (carbon footprint)
- Reduce errors (handwriting and data input errors)
- Improve TATs (turnaround times)

Ireland is ranking last in the ehealth indicator study out of 26 countries (2023) and we want to do our part to change this.

Details of the Person & Clinic Requiring Access:

Persons Name (Block Capitals):

Department:

Email Address:

Name of Organisation:

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.

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 type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Department	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input 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 type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Department	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>

Contact for Escalations
 Who to contact regarding escalations of issues?

	Primary Contact	Secondary Contact
Title (Dr. etc.)	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Department	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>

By signing this mandate form, you authorise (A) **Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis**. As part of your rights, you are entitled to a refund from your bank under the terms & conditions of your agreement with the bank. Refunds must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement available from your bank.

<p>Unique Mandate Reference <i>For Office Use Only</i></p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	<p>Please complete and return this mandate to marketing@ctie.eurofinseu.com</p>
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<p>Creditor's Name: Eurofins Biomnis Ireland LTD T/A Eurofins Biomnis</p> <p>Creditor Address: Three Rock Road, Sandyford Business Estate</p> <p>Post code: Co. Dublin</p>	<p>Creditor Identifier: IE52SDD306780</p> <p>City: Dublin 18</p> <p>Country: Republic of Ireland</p>
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Please complete all the fields marked*

Type of payment*: Recurrent Payment OR One-Off payment

Debtor's Name*:

Debtor Address:

City: **Post code:** **Country:**

Email:

Phone:

<p>Debtor Account Number - IBAN*:</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	<p>Debtor Bank Number - BIC*:</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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Signature:

Date of Signature: / /

DAY MONTH YEAR