Customer Registration Form



Organisation Legal Entity Name		
Invoice Address	Delivery Address	
Finance Contact Person	Delivery Contact Person	
Name:	Name:	
Tel:	Tel:	
Email for Invoices and Statements:	Email for Order Confirmations:	
Email address(s) for Sample queries:		
Email address(s) for sample results:		
If you require a PO to be quoted on invoices	s please provide it here	
I confirm that the information provided is Oxford Diagnostic Laboratories Terms and authorised signatory	d Conditions of Service and that I am an	
Print Name:	Date:	
Position within organisation:		
Signature:		

Please email signed form to customerexperience.oxford@revvity.com

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Approved By:

(CO-132) Update Email Address

Description

to update the Customer Experience email address

Justification

Revvity migration

Assigned To:Initiated By:Priority:Impact:Jennifer BestJessica WalkerLowMinor

Version History:

Author	Effective Date	CO#	Ver.	Status
Jennifer Best	April 3, 2024 9:21 AM GMT	<u>CO-132</u>	1	Published
Lucy Howe	February 15, 2024 11:36 AM GMT	<u>CO-6</u>	0	Superseded