



## FORM 1

Please complete form 1, retain a copy for your records and take a copy with you to the lab.

**Full Name**

**Date of Birth**

dd / mm / yyyy

**Date of Sample**

dd / mm / yyyy

**Gender**

**FEMALE**

**Test Code**

**IK0F**

Please use this form and take to the appropriate clinic. A blood draw charge of 25 pounds/ euros will apply to be paid in cash to the clinic.

Following your blood being drawn, please ensure the following:

- **Form 2** below is completed
- Blood tubes are labelled
- Place both the form and tubes into a secure envelope
- Ensure the package is sent via **special next day delivery**.

Due to postal delays we are not using normal post and it may cause the blood sample to degenerate.

Sincerely,

*PP: Kiran Mahboob*

Imran Khan  
Transform Now



## FORM 2

Please complete all details on this form and post this along with your blood samples by special next day delivery. Please ensure you retain the tracking number.

Eurofins County Pathology Ltd  
90 Priestley Road  
The Surrey Research Park  
Surrey GU2 7AU  
Guildford  
United Kingdom

**Full Name**

**Date of Birth**

dd / mm / yyyy

**Date of Sample**

dd / mm / yyyy

**Gender**

**FEMALE**

**Test Code**

**IK0F**

If you have any queries please contact us on the number below or email us at : [info@transformnow.co.uk](mailto:info@transformnow.co.uk)