

CUSTOMER DETAILS FORM

Please complete **all sections** of this form – 1 for each person being tested - and return it to us with your sample in the return box. Thank you.

<p style="text-align: center;">TITLE: <i>Please circle one choice</i></p>	<p>Mr. Mrs. Miss. Ms. Dr. Prof. Other (<i>Please state</i>):</p>
<p style="text-align: center;">YOUR FIRST NAME: <i>In Block capitals please</i></p>	
<p style="text-align: center;">YOUR LAST NAME: <i>In Block capitals please</i></p>	
<p style="text-align: center;">YOUR DATE OF BIRTH : <i>If the person being tested is under 16 please enter the full name and title of Parent or Guardian here</i></p>	<p>DD/MM/YY</p>
<p style="text-align: center;">YOUR FULL HOME ADDRESS: HOUSE/FLAT NAME or NUMBER STREET/ROAD</p>	
<p style="text-align: center;">TOWN/CITY</p>	
<p style="text-align: center;">POSTCODE</p>	
<p style="text-align: center;">YOUR MOBILE NUMBER: (+44)</p>	
<p style="text-align: center;">YOUR EMAIL ADDRESS: <i>We'll send your results to this email address</i></p>	
<p style="text-align: center;">YOUR GENDER: <i>Please circle one choice</i></p>	<p>Male Female Prefer not to say</p>
<p style="text-align: center;">YOUR ETHNICITY: <i>Please circle one choice from the list</i></p>	<p>Bangladeshi, black African, black Caribbean, black other, Chinese, Indian, Pakistani, white, white and Asian, white and black African, white and black Caribbean, white British, white Irish, white other, ISC unspecified, any other ethnic category, any other mixed group, other/mixed, unknown.</p>
<p style="text-align: center;">YOUR PASSPORT NUMBER: <i>Only complete this section if you require a Travel Certificate - Bubble for 1 tests only</i></p>	
<p style="text-align: center;">YOUR NHS NUMBER (Optional):</p>	