



This form is valid for a single treatment of FMT for the named patient. Should a further treatments be required additional forms will need to be completed. The price of a single FMT aliquot is £1300 VAT exempt. Please complete the FMT request form and this order form in full. Subject to ratification of the FMT request, information given on this order form will be used to complete the order.

REQUESTER'S INFORMATION

Requester's Name and Position: [ ] Date of Request: [ ] Requesters Email: [ ] Direct Contact Number: [ ] (No Bleep numbers)

PURCHASING INFORMATION

Purchaser's Name and Billing Address (NHS TRUST): [ ] VAT Number: [ ] Purchase Order Number: [ ]

PATIENT INFORMATION

Patients Forename: [ ] Surname: [ ] Patient's Date of Birth: [ ] Hospital Number/PID: [ ]

DELIVERY INFORMATION

Date FMT Required: [ ] Delivery Method: [ ] Delivery Address: [ ] Ward/Department: [ ] Hospital: [ ] Address: [ ] Post code: [ ] Named person responsible for receipt of FMT: Name/Position: [ ] email: [ ] Telephone: [ ] Preferred Delivery Time: 10:00 - 12:00 [ ] 12:00 - 14:00 [ ] 14:00 - 16:00 [ ] Intended Route of administration: Upper GI Tract [ ] Lower GI\* Tract [ ] \*3 aliquots of FMT will be required

FMT SUPPLY INFORMATION

The Product is supplied under the terms of the MHRA Specials licence in response to a bona fide unsolicited order by a person who is a doctor for use by an individual named patient for whose treatment that person is directly responsible, in order to fulfil the special clinical needs of that patient.

\* For FMT treatment via lower GI tract, 3 aliquots of FMT will be supplied and charged for (3 x £1300 = £3900)

All orders for the Product are strictly subject to the University of Birmingham's terms and conditions of sale, which are attached together with this form. By placing your order you acknowledge and agree to be bound by these terms and conditions.