

**ELISA TEST ORDER**

DATE .....

NAME .....

ADDRESS .....  
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TELEPHONE .....

E-MAIL .....

CHOSEN LAB ..... (YORK OR CAMBRIDGE)

**PLEASE RETURN THIS FORM TO MSRC, UNSWORTH HOUSE, HYTHE QUAY, COLCHESTER, ESSEX, CO2 8JF. YOU CAN ALSO SEND AN E-MAIL WITH YOUR DETAILS TO [info@msrc.co.uk](mailto:info@msrc.co.uk) OR TELEPHONE 01206 226500 AND ASK TO SPEAK TO JEANETTE**