


Order Form Ambient Shipment Eurofins study number: 5181201018	
Sanofi Genzyme	Teriflunomide blood level (Aubagio)

To be completed by Eurofins Center No: _____

1. Treating Physician contact and Centre address

Please enter the name of the Treating physician and the full address of the centre.


Treating physician			
Telephone Number		Clinic/Hospital/ Institution	
Fax Number (for sending fax report by Eurofins Medinet)		Address: City/State/Post Code	
Email Address		Country	

2. Address for Shipping Supplies. (Only to be completed if different from section 1).

Pick-up Contact Name		Back-Up Contact Name	
Telephone Number		Telephone Number	
Fax number		Fax Number	
Clinic/Hospital/Institution			
Address: City/State/Post Code			
Country			

3. Address for sample collection by Courier. (Only to be completed if different from section 1).

Pick-up Contact Name		Back-Up Contact Name	
Telephone Number		Telephone Number	
Fax number		Fax Number	
Clinic/Hospital/Institution			
Address: City/State/Post Code			
Country			

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4. Local Sanofi Genzyme contact

Name			
Telephone Number			
Cell phone Number			
Fax Number		E mail address	

5. Number of kits needed to be shipped by Eurofins:

Planned date for first blood collection:

Quantity	Description
	Kit(s)
NOTE: Kit contains all the supplies needed for both 1 st and 2 nd blood collection of a patient. Therefore order the number of kits according to number of patients (e.g. if 1 patient at site – order 1 kit)	
Completed by:	Date:

NOTE: Please fully complete sections: 1; 2; 3, 4 & 5 of this form before sending to Eurofins. Completion of this form is required for Eurofins in order to send supplies for sample collection and organize sample transport.

Please return the completed form as soon as possible by email to Eurofins:

investigator.services@eurofins.com

or fax to: +31 (0)76 5737779

This service is ONLY intended for patients treated with Aubagio®