



Order reference

THE PULMONARY REHABILITATION DEPARTMENT
ORDER FORM

Please complete this form and return it to:

Leslie Shortt
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 Glenfield Hospital
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 Leicester
 LE3 9QP
 UK

Alternatively Fax to +44 (0) 1162 583149
 Telephone +44 (0) 1162 502535
 Email to leslie.shortt@uhl-tr.nhs.uk

We supply the shuttle walk test on either CD or USB stick, please be sure to indicate which format you are ordering.

Item	Format	Price	Quantity	Postage/packing (for office use only)	Total (for office use only)
Incremental Shuttle Walk Test (ISWT)	CD	£35.00			
Incremental Shuttle Walk Test (ISWT)	USB	£35.00			
Modified Shuttle Walk Test (MSWT)	CD	£35.00			
Modified Shuttle Walk Test (MSWT)	USB	£35.00			
Endurance Shuttle Walk Test (ESWT)	CD	£69.00			
Endurance Shuttle Walk Test (ESWT)	USB	£69.00			
Chronic Respiratory Questionnaire-Self Reported (CRQ-SR)	Hard Copy	£27.00			
Grand total:					£

**Please note payment can only be accepted in GBP currency.
 The postage prices are per item and are subject to change.**

P+P to the UK is £1.95 for the ISWT and MSWT, £4.17 for the ESWT and £2.29 for the CRQ-SR.

P+P to Ireland and Europe is £7.60 for the ISWT and MSWT, £8.45 for the ESWT and £8.05 for the CRQ-SR.

For all other countries the cost of postage and packing will be £8.35 for the ISWT and MSWT, £9.80 for the ESWT and £9.30 for the CRQ-SR.

Please enter your contact details for delivery below:

Name:.....	Position:.....
Company/ Organisation:.....	
Address:.....	
.....	
Postcode:.....	Country:.....
Telephone:.....	Fax:.....
Email:.....	

Orders of less than £50 or from outside of the UK must be prepaid in GBP currency (cheque with order or debit/credit card).

If you wish to pay directly by cheque or debit/credit card (this is the quickest method of payment as your order can be dispatched as soon as your card has been authorised or we have received your cheque). Please enter your card details below.

<input type="checkbox"/> CHEQUE (Please make your cheque payable to UHL NHS TRUST)
<input type="checkbox"/> CREDIT/DEBIT CARD Please debit my <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Eurocard
Card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 digit security code <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholders name:.....

If you are not paying in advance and wish to be invoiced for payment then please provide an official purchase order form. A copy of this must be sent directly to leslie.shortt@uhl-tr.nhs.uk.

Terms and Conditions

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The CRQ-SR once purchased may be photocopied for your own use. However, the CRQ-SR may not be used for pharmaceutical company sponsored research without prior permission.

The equipment supplied is intended for use by suitably qualified health professionals. The University Hospitals of Leicester shall not be held liable for any accident or injury caused during the use of this equipment.

Please sign below to accept the terms and conditions above.

Name (PRINT NAME):.....

Title:.....

Signature:.....

Date:.....