

Sample Collection Invoice

This invoice must be returned to Crystal Health Group with the collection paperwork.
Please add/amend the invoice to reflect any additional costs such as postage fees, tolls or parking charges - please attach receipts.
We recommend that you keep a record of the case reference & date until payment has been made.

Invoice number

Sample collector details

INVOICE TO:

Crystal Health Group Limited
The Old Chapel
53 Peel Street
Manchester
M30 0NG

Date and tax point

Payment Terms:
15 Days from receipt of invoice

Case Reference	Test Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

VAT registration number (if applicable)


VAT (if applicable)

Total

BACS payment details

Account name:
Account number:
Sort Code:

Please note: Sample collection errors may lead to a delay in remittance.

	Version	Approval Date	Review Date
	v02.09.22	September 2022	September 2023