

## FMT Order Form

This form is valid for a single dose of FMT for the named patient. Should a further dose be required additional forms will need to be completed. The price of a single FMT aliquot is £650. 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:

Email:

Telephone number:

### Purchasing information

Purchaser's Name and Billing Address (NHS TRUST):

VAT number:

Purchase Order number:

### Patient Information

Patient Name:

Patient's Date of Birth:

### Delivery information:

Date FMT required

Named person responsible for receipt of FMT:

Delivery Method:  
(delete as appropriate)

Blood Bike  
Requestor's own courier

Name:  
Position:  
Telephone:

Delivery Address:

Hospital:  
Address:

Post Code:

(Essential for blood bike delivery)

### 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.

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.**