**ECLIPSE PHARMACY**

**COVID-19 TESTING**

| **72 Hour PCR Test - £80.00 - £40 Deposit**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 72 hours of the sample taken**  **CERTIFICATE INCLUDED - £40 Deposit** | **Day 2 / 8 PCR Test - £80.00**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 48 hours of the sample taken**  **CERTIFICATE INCLUDED** |
| --- | --- |
| **Next Day PCR Test - £100.00 - £40 Deposit**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 48 hours of the sample taken**  **CERTIFICATE INCLUDED** | **Day 5 Release Test (Next Day) - £80.00**  **- £40 Deposit**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 48 hours of the sample taken**  **CERTIFICATE INCLUDED** |
| **Same Day PCR Test - £120.00 - £40 Deposit**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 24 hours of the sample taken**  **CERTIFICATE INCLUDED** | **Day 5 Release Test (Same Day) - £110.00**  **- £40 Deposit**  **Test must be conducted before 11:30 in the morning. Results will come by Email in within approximately 24 hours of the sample taken**  **CERTIFICATE INCLUDED** |
| **Antigen Testing - £40.00**  **Test can be conducted at any time – Results within 30mins. Test includes a certificate stating whether you are Positive/Negative.** | **Antibody Testing – £80.00**  **Test can be conducted at any time – Results within 30mins. Test includes a certificate stating whether you are Positive/Negative for Antibodies** |

**DISCLAIMER**

**By signing the following form you have agreed to the following:**

**1) I have agreed to partake in the selected above test(s) and give full consent for Eclipse Pharmacy to process my detail accordingly for the purposes of the test as described above.**

**2) I have agreed to pay the required deposit for the stated test(s) as applicable and understand that the deposit, once paid is NON-REFUNDABLE under any circumstances. The deposit however can be transferred over to another test if rescheduled.**

**3) Eclipse Pharmacy only stands to take the sample and process the paperwork on behalf of the laboratory that sets all pricing and performs the required PCR Tests (as applicable). By signing this document you agree that Eclipse Pharmacy is NOT liable for any Mistakes (clerical or otherwise), Invalid or Inconclusive Tests, Positive Test Results, or late dispatches that occur on the side of the Laboratory (The Regenerative Clinic) and therefore as such no refunds, transfers or concessions will be given in any stead.**

**4) Eclipse Pharmacy aims to send all certificates out before the proposed flight time for the end user. Any instances of flight cancellations or delays which are not the fault of Eclipse Pharmacy, but rather that of the end user, or any other third party organisation, including the laboratory are NON-REFUNDABLE.**

| **TITLE** | | **Mr/Mrs/Ms/Miss/Other** | | | | | | | | | | | | | | | | | | |  | | | | | | | **Passport No** | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | | |  |  |  |
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| **Name** | |  | |  | | |  | |  | |  | | |  | | |  | |  | | | |  | |  | |  | | |  | |  | |  | |  |  | |  | | | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | |  |
| **Surname** | |  | |  | | |  | |  | |  | | |  | | |  | |  | | | |  | |  | |  | | |  | |  | |  | |  |  | |  | | | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | |  |
| **DOB** |  | | | | |  | | **/** | |  | |  | | | **/** | | |  | |  | | |  | | |  | |  | | | | | **Phone No.** | | | | | | |  | | |  | | | |  | |  | | |  | | | |  | |  | | |  | | |  | | | |  | |  | |  |  |  |
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| **Address** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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| **Postcode** | | |  | | | | | | | | | |  | | | | | | | | | **Signed** | | | | | | |  | | | | | | | | | | | | **Date** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  |

**Ema il Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**