

Supplier:

Cepheid UK Ltd
Neptune House
Mercury Business Park
Woburn Green
BUCKINGHAMSHIRE
HP10 0HH
United Kingdom

Invoice Address:

Shared Services Accounts Payable
PO Box 353
19 - 21 Broad Street
St Helier
Jersey
JE2 3RR
Channel Islands

Delivery Address:

██████████
Pathology Department
General Hospital
Gloucester Street
St Helier
JERSEY
JE1 3QS

Supplier Reference**Supplier No:** 1164894**Email:** sales@cepheideurope.co.uk**Contract No:****Requisitioner Reference:****Payment Enquiries****Tel:** 01534 440068**Email:** FP.AccountspayableInv@gov.je**Order Enquiries****Contact:** ██████████**Email:** ██████████

Payment terms are strictly 30 days

Order Details:

Line	Description	Product Ref.	Delivery By	Unit Price	Quantity	Line Net	Line Gross
1	500 Unit(s): Xpert Xpress SARS-CoV-2 Test (XPRSARS-COV2-CE-10) Kit Size/10		27/03/2020	██████████ GBP	500	██████████	██████████ GBP

Line Notes:

Purchase Order Notes:

Net Total	██████████	GBP
Total Tax	0.00	GBP
Gross Total	██████████	GBP

Notes

- 1) This official order is subject to the standard terms and conditions of contract a copy of which may be obtained on request
- 2) VAT IS NOT APPLICABLE IN JERSEY
- 3) You MUST QUOTE this order number on delivery notes and invoices