



Clinical Genetics

PAYMENT RECEIPT

Receipt No. :

Eurofins Clinical Genetics India Pvt. Ltd.

#540/1, Doddanakundi Industrial Area 2, Hoodi,
Whitefield, Bangalore 560048, Karnataka, India

Phone: +91 80 30982500

Enquiries: salesecgi@eurofins.com

www.eurofinclinicalgenetics.co.in

CIN:U74900KA2015FTC084665

Order No. :

Lab No. :

Test Code :

Payment Date :

Received with thanks from: City :

Contact No.: Email ID :

the sum of Rs. (in Numbers) : in words (Rupees)

..... by CHEQUE in the name of **Eurofins Clinical Genetics India Pvt. Ltd/ CASH**

payment against Test Name :

..... Referred By (Dr.) :

Test Price : Rs.

Balance due (Rs.) :

Balance Amount Received (Rs.) : Date :

Report may be delayed due to unforeseen circumstances. Inconvenience is regretted.

For **Eurofins Clinical Genetics India Pvt. Ltd.**

Authorized Signatory