

Appendix (A): Clinic Information

Please fill in the blanks below and use this as a Fax cover

Clinic Name		
Lab director's Name		
Operator Name		
E-mail		
Clinic's address		
Clinic's number	Tel)	Fax)
FREND Serial number	Setup → System View → Serial Number F10U	
AP Serial number	Backside of AP FAP	
Check in the box of the item that you installed in your clinic.	Select installed items	Appendix included in this FAX
	<input type="checkbox"/> Free T4	
	<input type="checkbox"/> PSA Plus	
	<input type="checkbox"/> Testosterone	
	<input type="checkbox"/> TSH	
<input type="checkbox"/> Vitamin D		

Contact information

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