



Coronafocus Refund Request Form

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Page 1 of 2

Customer's Details:

Name Contact Tel No.

Email Address *(used when booking)*

Further customer/order details *(if applicable)*

Please state which test kit(s) you are requesting a refund for:

Test type *(please select)*: DAY2 DAY8 DAY2/8 TEST-TO-RELEASE FIT-TO-FLY

Order ID/ONCOL No.....

Barcode *(if applicable)*.....

If this refund request is for more than one test kit, please add any further information in your statement. Please note, we can only liaise with the account holder regarding their order. A refund request form will need to be submitted for each Coronafocus account.

Details of Refund Request *(Please provide us with as much detail as possible)*:

Date Time

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The Coronafocus Terms and Conditions are available to view and download at any time on our website:
<https://www.oncologica.com/covid-19-tests-terms-and-conditions/> Clause 4 of the Coronafocus Terms and Conditions.

Print Name

Customer Signature

Date.....

[Office Use: Date Received.....]