

CUSTOMER INFORMATION FORM

HEALTHCARE PROVIDER INFORMATION		
Name of hospital:		
Name of clinic and department:		
Address:		
Phone number – Clinic:	Reference number:	
	Cost center:	
	Other:	
Invoice Address (e-mail or physical address):	Contact person for invoices (name, e-mail, phone nr):	
VAT nr (if applicable):	GLN No (if applicable):	Currency: SEK EUR
Other information:		

INFORMATION REGARDING TEST REPORTING	
Name requesting doctor:	E-mail address (Dr):
Delivery address for test report or General e-mail address for encrypted e-mail:	Contact for urgent test reporting (direct phone number):

Please send to analysis.se@svarlifescience.com or attach to request form

Wieslab AB

Mail address:
P.O. Box 50117
SE - 202 11 Malmö
Sweden

Visiting address:
Lundavägen 151
SE-212 25 Malmö
Sweden

T +46 40 53 76 60 (lab)
+46 40 53 76 70 (invoices)
E order@svarlifescience.com
W www.svarlifescience.com/services/wieslab-diagnostic-services

WIESLAB DIAGNOSTIC SERVICES

INFORMATION FOR YOU

CUSTOMER SERVICE	
Vendor name:	Wieslab AB
Postal Address:	P.O. Box 50117, SE-202 11 Malmö, Sweden
Visting address: Deliveries Mon-Fri 8-16	Lundavägen 151, SE-212 25, Malmö, Sweden
Contact e-mail:	diagnostic.services@svarlifescience.com
Order e-mail:	analysis.se@svarlifescience.com
PHONE NUMBERS: Direct to the laboratory: To reception:	+ 46 40 53 76 60 + 46 40 53 76 00
Website:	www.svarlifescience.com/services/wieslab-diagnostic-services
Organization number:	556430-9903
VAT number:	SE556430990301

FINANCIAL INFORMATION	
Payee name:	Wieslab AB
Bank name:	Nordea Bank Abp, Malmö, Sweden
Bank address:	P.O. Box 2, SE-201 20 Malmö, Sweden
Currency code:	SEK
Bank account:	9960-3406500862
IBAN code (EU):	SE4695000099603406500862
Swift code:	NDEASESS
Bankgiro (Nordics):	5777-5769

Please note: No credit card payments possible

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