

Invoice

Case Documentation

Please send invoice to fungiscope@uk-koeln.de

or

University Hospital Cologne
Infektiologie II - FungiScope invoice
Herderstrasse 52-54
50931 Cologne
Germany

Date: _____



Contact Provider

Name: _____

Address: _____

Email: _____

Documented Clinical Case(s)

Case ID(s): _____

Details for Payment (100 Euro/Complete Valid Case)

Number of cases: _____ Total amount: _____ Euro

Name of bank: _____

Account holder: _____

SWIFT-Code: _____

IBAN: _____

Thank you for your contribution to FungiScope!