

## MODEL CANCELLATION FORM

*(Complete and return this form only if you wish to withdraw from the contract)*

To: Owlstone Medical Limited, OMED Health Customer Support, 183  
Cambridge Science Park, Milton Road, Cambridge CB4 0GJ  
Tel: 01223 428200  
Email: [support@omedhealth.com](mailto:support@omedhealth.com)

I/We [\*] hereby give notice that I/We [\*] cancel my/our [\*] contract of sale of the OMED Health breath analyzer and all associated services provided or facilitated by OMED Health, ordered on [\*/received on [\*],

Name of consumer:

Address of consumer:

Signature of consumer(s) (only if this form is notified on paper),

Date

*[\*] Delete as appropriate*