Customer declaration on human samples

Supplier of samples

	•				
Customer					
Company Institution					
Department					
Street No.					
Country / Town					
Declaration					
I herewith declare	please tag)				
based on clinica	al examination	t show no signs of infectious diseases, and safety laboratory parameters. in list A at page 2).			
□ I have samples with infectious effects which are explained below in detail for each sample. I am aware that INFAI GmbH can reject infectious samples. (Category B - samples, details in list B at page 3).					
		ture, that samples are provided to e supplying hospital.			
	ents have been	at INFAI GmbH has no access to n informed about the purpose of the by signature.			
Name					
/					
Date Place		Signature			

List A: Details of category A - samples (non-infectious)

(11011111111111111111111111111111111111	_
Sample Name(s)	
Number of samples	
Details / Comments	
Sample Name(s)	
Number of samples	
Details / Comments	
Sample Name(s)	
Number of samples	
Details / Comments	
Sample Name(s)	
Number of samples	
Details / Comments	
Sample Name(s)	
Number of samples	
Details / Comments	
	1
Sample Name(s)	
Number of samples	
Details / Comments	
1	1

Please list all needed details such that each sample you send to INFAI GmbH can be clearly identified from the information given in the list and at the labels of the sample containers itself.

List B: Details for infectious samples (Category B - samples)

<u> </u>	•		
Sample Name			
infection possibility known for			
Sample Name			
infection possibility known for			
Sample Name			
infection possibility known for			
Sample Name			
infection possibility known for			
1	<u> </u>		
Sample Name			
infection possibility known for			
Sample Name			
infection possibility known for			

Please list all needed details such that each sample you send to INFAI GmbH can be clearly identified from the information given in the list and at the labels of the sample containers itself.