

REQUEST FORM FOR INFECTIOUS INFLUENZA PREPARATIONS

Name of Recipient:			(Mandatory)	
Name of Organisation:			VAT Number (EU recipients): VAT is charged unless you supply a certificate of exemption from the VAT authority:	
Invoice Address:			Delivery Address	:
e-mail:			NIBSC Customer Code: (If known)	
Telephone:			Fax:	
Please supply the abo	ve laboratory with th	ne followina pre	eparations:	
No. of	. of NIBSC Code Name of		Preparation	
ampoules/vials	(If known)			
I understand that these reagents contain infectious materials and will be handled only in appropriate containment facilities by fully trained and competent staff in accordance with my national safety guidelines. I accept full responsibility for the use and disposal of the material. (For non-UK recipients) I confirm that these materials may be legally imported without delay in their delivery.				
Signed:			Date of request:	
Send this completed order form together with any import requirements to:				
Mail: NIBSC Standards Processing Division Blanche Lane, South Mimms, Potters Bar Herts. UK. EN6 3QG Tel: 0044 (0) Fax: 0044 (0)			e-mail: standards@nibsc.org	



