

Alpha Diagnostic International (ALP) 社製品使用目的確認について (お願い)

この度は、Alpha Diagnostic International (ALP) 社製品にご興味をいただきありがとうございます。ごさいます。

さて、本製品はご購入時に使用目的を確認させていただく必要がございます。つきましては、別紙の内容をご確認いただき必要事項を英文でご記入の上、弊社取り扱い代理店へご注文いただく際に一緒に お送りくださいますようお願いいたします。

確認書を弊社が受領した後にメーカーへ製品の発注を致しますのでご了承ください。

<個人情報の利用目的>

- ・製品やサービスの内容を、より充実したものにするため
- ・展示会、セミナーなどのイベントのご案内をお届けするため
- ・お客様から請求のあった資料などをお届けするため
- ・新しいサービスや製品などの情報をお知らせするため

詳細は弊社ホームページ上の個人情報保護方針 (<http://www.cosmobio.co.jp/login/privacy.asp>) をご覧ください。



人と科学のステキな未来へ

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● 営業部 (お問い合わせ)

TEL : (03) 5632-9610 FAX : (03) 5632-9619

TEL : (03) 5632-9620

Research Use Notification Form for ELISA kits (Form RES-1)

(The form must be on-file for all 'Research use only (RUO)' or in vitro diagnostic use (IVD) kits before shipment. Applicable to all antibody detection kits for a given disease in animals (bovine, porcine, chicken etc).

The U.S Food and Drug Administration (FDA) and USDA requires that users of RUO kits are aware that these products are not cleared or approved for diagnostic, therapeutic, prevention and cure of any disease. The importing country should also submit to ADI proper authorization that these kits are allowed to be imported with the kit designated (RUO/IVD). To comply with this requirement, ADI requests that an authorized official sign and complete the Research Use Notification Form and submit the importing permit.

ADI ELISA Kit Cat # _____ Description: _____
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Institution: _____ - _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of the Person: _____ **Signature:** _____
Title: _____

My signature on this form certifies my understanding that the products I have purchased is intended for "In Vitro Research Use Only". It is not for diagnostic, therapeutic, prevention or cure of any disease in animals or humans. No components of the kits should be transported to other locations or made available to other users without permission from ADI. I understand that ADI reserves the right to discontinue supplying the product if the requirements described above are not met and if this form is not signed and files with ADI.

Please complete this form immediately and **Fax to: 210-561-9544** or email (orders@4adi.com) or return by mail to:

Alpha Diagnostics Intl. Inc, Attn.; Manager, Regulatory Affairs, 6203 Woodlake Center Drive, San Antonio, Texas, 78244, USA.

If you have any questions regarding this requirement or the Research Use Notification Form, please feel free to contact Alpha Diagnostics customer service at Intl: 210-561-9515 ; or by email: sales@4adi.com

For ADI's Office Use only.

PO#: _____ Ship date: _____ ; Invoice # _____

Comments: _____

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