

License/Acknowledgement Form for Prescription (Rx) Medical Devices

Dear Customer:

Thank you for choosing Fisher Scientific. In order to purchase prescription medical devices, Fisher Scientific is required to maintain on file a copy of your applicable Rx license (Option A) **or** a signed Acknowledgement that you will use prescription medical devices for non-clinical purposes only (Option B). To ensure your purchases are not delayed, please complete PART 1 and either Option A **or** Option B of this form and return it to rxpermits@thermofisher.com with your order, if applicable.

PART 1 (Must be completed)

Fisher Account Number : _____

Company Contact (Name/Title): _____

Contact Information (email/phone): _____

Ship-to address (for current order): _____

City: _____ State: _____ Zip: _____

Option A

SUBMIT A COPY OF YOUR LICENSE

Check the applicable box based on which type of license you are providing

- | | |
|---|---|
| <input type="checkbox"/> CLIA License or Accreditation | <input type="checkbox"/> State Pharmacy License |
| <input type="checkbox"/> State Clinical Laboratory License | <input type="checkbox"/> State Veterinary License |
| <input type="checkbox"/> State Medical License (Physician/Dentist/Medical Technologist) | <input type="checkbox"/> FDA Manufacturing Registration |

Email this completed form, along with a copy of your license and order (if applicable), to rxpermits@thermofisher.com

Option B WAIVER

SIGN AND RETURN ACKNOWLEDGEMENT

I hereby represent to Fisher Scientific Company L.L.C. that that the Rx products purchased will be used solely for non-clinical research purposes and not for any clinical or veterinary purposes.

Company Name: _____

Authorized signature _____ Date _____

Email this completed form, along with a copy of your order (if applicable) , to rxpermits@thermofisher.com