

GPHF-Minilab® Purchase Order

Return form to:

**Technologie Transfer Marburg e.V. (TTM), Auf der Kupferschmiede 1, 35091 Cölbe, Germany,
Phone: +49-6421-87373-0, Fax: +49-6421-87373-73, E-mail: ttm@ttm-germany.de**

1. Amount of Minilabs required:

2. Ordered by (Please fill in form in capital letters only)

Please state address including the full name of your organization, postcode and country of origin as well as phone and fax number and E-Mail address:

Specify: Government Authority Professional Body Non-Governmental Organization (NGO) Other

3. Billing address if not identical with the address stated above (Sponsor)

Please state address including the full name of your organization, postcode and country of origin as well as phone and fax number and E-Mail address:

Specify: Government Authority Professional Body Non-Governmental Organization (NGO) Other

4. Shipping address incl. competent international airport next to the Minilab user

Please state full physical address including the name of your partner organization, postcode & country as well as phone, fax number and E-Mail address:

Specify: Government Authority Professional Body Non-Governmental Organization (NGO) Other

5. Final Operational Location of the Minilab (Tick box and specify address & size of location)

5.1	<input type="checkbox"/>	Primary Healthcare Centre	5.2	<input type="checkbox"/>	District Hospital
5.3	<input type="checkbox"/>	Provincial Hospital	5.4	<input type="checkbox"/>	Private Hospital
5.5	<input type="checkbox"/>	Church Hospital	5.6	<input type="checkbox"/>	Hospital Pharmacy
5.7	<input type="checkbox"/>	Central Medical Store	5.8	<input type="checkbox"/>	Retail Pharmacy
5.9	<input type="checkbox"/>	Pharmacy & Poisons Board	5.10	<input type="checkbox"/>	State Standard Board
5.11	<input type="checkbox"/>	Customs & Excise	5.12	<input type="checkbox"/>	University
5.13	<input type="checkbox"/>	Pharmaceutical Manufacturer	5.14	<input type="checkbox"/>	Pharmaceutical Wholesaler
5.15	<input type="checkbox"/>	Other (specify):			
5.16		More about your location: for example full address (!), number of staff, annual number of in- and out-patients, volume of drugs purchased or sold, number of assays performed or expected to perform etc.:			

6. Minilab User's Occupation

6.1	<input type="checkbox"/>	Pharmaceutical Laboratory Technician		
6.2	<input type="checkbox"/>	Pharmacist		
6.3	<input type="checkbox"/>	Medical Laboratory Technician		
6.4	<input type="checkbox"/>	Doctor		
6.5	<input type="checkbox"/>	Other (specify):		
6.6		Job experience in total:	_____ years	<input type="checkbox"/> none
6.7		Experience in laboratory work:	_____ years	<input type="checkbox"/> none
6.8		Experience in drug analysis:	_____ years	<input type="checkbox"/> none

Date

Signature (Stamp)
