



Intended Use Form

To expedite processing of your order, please send this completed form with your purchase order to agreements@abionline.com or fax to 301-497-9773.

Company Name			Business Type <i>(check all that apply)</i>
End User Name			
Title/Department			
Phone Number			
Email Address			
			<input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Biotech <input type="checkbox"/> Reseller <input type="checkbox"/> Government <input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Other
Billing Address		
Shipping Address		
Purchaser Name		Phone Number	
Title		Email Address	

Product Description					
Catalog No.					
Qty for Immediate Purchase		Qty Per Year		Number of Years	
Intended Use	<i>Please be as detailed as possible.</i>				

Will you be making a profit from the use of this product or any of its progeny?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your intended use is research, what is the source of your funding? <i>Please include grant number and title if applicable.</i>	
Will this research go through your Technology Transfer Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the expected time frame of your project?	<input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> 5yr <input type="checkbox"/> 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> Other _____
Will the product be used for validation or to perform a service?	<input type="checkbox"/> Validation <input type="checkbox"/> Service <input type="checkbox"/> Other _____
Will the product be used as a control for paid tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ABI Use Only
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