



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 (+1) 301-497-9773.

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

For Internal Use Only
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