



A WHO Collaborating Centre

For Quality Assurance of Blood Products and in vitro Diagnostic Devices

ACCOUNT APPLICATION FORM FOR WHO BIOLOGICAL REFERENCE MATERIAL

When completing this form, please type directly on the computer, once completed you can email it to whoccivd@pei.de or fax it to **+49 (0) 6103 77 1280**.

Please allow 2-3 days after receipt of completed application for account set-up. You will receive your PEI customer number and ordering details.

All orders are subject to PEI terms and conditions.

Organisation Name	
--------------------------	--

Billing Address (Invoices and Statements will be sent to this address)

Contact Person	
Billing Department	
Street Address / PO Box	
Town / City Post / Zip	
Country	
VAT Number (if applicable)	
Phone (incl. country code)	
Fax (incl. country code)	
Email	

Primary Shipping Address

Contact Person	
Department	
Street Address / PO Box	
Town / City Post / Zip Code	
Country	
Phone (incl. country code)	
Fax (incl. country code)	
Email	

Type of Organisation (It is PEI policy to supply only end-user)

<input type="checkbox"/>	National Control Laboratory (please supply evidence to support statement)	<input type="checkbox"/>	University
<input type="checkbox"/>	National Blood Service	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Governmental Organisation	<input type="checkbox"/>	Others (please specify)
<input type="checkbox"/>	Commercial		