

Certificate of Analysis (COA) Request Form

Company/Institution Requesting COA:

Address:

Requestor's Name:

Title:

Telephone Number:

Requestor's Email Address:

1. COA being requested – Product and Lot Number:

2. Who did you purchase the product from?

3. What is the CSL Behring product for which you are requesting a COA specifically being used for?

4. Is the above use considered: (Check all that apply)

- Research?
- Further Manufacture?
- Part of a process resulting in a product or procedure that is purchased by others?
- Other? *(Please explain)*

5. What is the reason that you require the COA?

If CSL Behring provides you with a COA, you agree to keep this COA for your own internal records and will not provide this COA or any copies to any other parties unless expressly granted permission by CSL Behring.

Signature

Date:

Print Name:

Print Title:

CSL BEHRING CUSTOMER SUPPORT

RETURN BY EMAIL: CUSTOMERSUPPORT@CSLBEHRING.COM OR FAX: 610-878-4888