

### Certificate of Analysis (CofA) Request Form

Company /Institution Requesting:	Requestor's Name:
Address:	Title:
Phone Number:	Email:
DEA Number, HIN or Valid State License Number:	

1. CofA being requested

- a. Product Name & NDC Number:
- b. Lot Number:
- c. Invoice Number:
- d. PO Number:

2. Please check the facility type of your establishment:

- Hospital/Clinic
- Wholesaler/Distributor
- Manufacturer/Compounder
- Other? (Please explain)

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3. Did you purchase the Fresenius Kabi product directly from Fresenius Kabi? If no, please provide the type of entity that you receive the product form.

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4. What is the general purpose for which you are requesting the CofA for this particular Fresenius Kabi product?

- Research?
- Further Manufacture?
- Part of a process resulting in a product or procedure that is purchased by others?
- Other? (Please explain the reason you are requesting this CofA)

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*You agree by acknowledging below that if Fresenius Kabi, in its sole discretion, provides you with a CofA, you will keep this CofA for your own internal records and will not provide this CofA or any copies thereof to any other parties unless expressly granted permission by Fresenius Kabi. Fresenius Kabi will not provide any CofA or related documentation for the export of our product, directly or indirectly, to any country or territory outside of the United States of America or assist in providing a CofA or related documentation for product receipt in such other countries or territories.*

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Name, Title

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Date