

**Siemens CLINITEST Rapid Point of Care COVID-19 Antigen Test Kit**

**Customer Questionnaire**

Please return completed document to **info@appletonwoods.co.uk**

Dear Customer,

Thank you for your interest in the Siemens CLINITEST rapid point of care COVID antigen test kit. As an IVD Medical Product, UK and EU legislation limits the sale of this product. This questionnaire needs to be completed and returned to us before any product can be shipped.

Please complete all fields and check boxes.

Please note: If this questionnaire is not complete, Appleton Woods may not be able to fulfill your order.

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| Company/Organisation name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Delivery address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Delivery contact:  name / title  Telephone / email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Confirm that the delivery address is that of the End User

The End User is to confirm the following statements by checking the adjacent boxes:

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| These kits are to be used by a trained professional and the results to be interpreted by a healthcare professional who understands the limitations of the test, as defined in the IFU, and can assess the complete clinical picture associated with the result |
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| End Users have received specific training and education related to the use of these lateral flow tests |

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| **End User:**  Name  Job Title  Telephone  email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature and date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Appleton Woods Ltd, New Lindon House, Catesby Park, Kings Norton, Birmingham B38 8SE

www.appletonwoods.co.uk