



Request Type	
New Account	Account Change
Reason for Request	
Date to be implemented (enter asap or a specific date if implementation is to be deferred):	
Name of PET/CT Centre	
Address	
Main Telephone Number	
Main Email Address	
Required Products (as per your Technical Agreement)*	
ERtracER for Patient Use	ERtracER for Research only

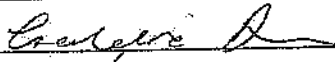
*Note: An additional product, ¹⁸F for calibration will be available for all clients.

Approved by:	<i>Conor P.</i>
Date:	<i>11/06/2021</i>

Additional fields if required at order entry e.g. Purchase Order number	Title of Optional Field 1:	Type of Data	For Drop Down Fields List Options Required:
		<input type="checkbox"/> Drop Down Menu <input type="checkbox"/> Text/Numerical Entry	
	Title of Optional Field 2:	Type of Data	For Drop Down Fields List Options Required:
		<input type="checkbox"/> Drop Down Menu <input type="checkbox"/> Text/Numerical Entry	
Title of Optional Field 3:	Type of Data	For Drop Down Fields List Options Required:	
	<input type="checkbox"/> Drop Down Menu <input type="checkbox"/> Text/Numerical Entry		
Requested by (Client Authoriser):	Print Name	Signature	Date (DD/MM/YYYY)

CHECK BOX FOR CURIUM USE ONLY:

	Print Name	Signature	Date (DD/MM/YYYY)
Implemented by:			
Checked by:			

Approved by:	
Date:	11/06/2021