Approved by:

Date:

SOP No.: 19-I, Rev. 8, Appendix 1 Client Access Request Form for PrOFS No. of Appendices: 5

CUCIUM

	Request Type	
New Account	Account Change	
ACCURRE	Reason for Request	
	AND THE PROPERTY OF THE PARTY O	
Date to be implemented (er	iter asap or a specific date if implementat	on is to be deferred):
Name of PET/CT Centre		
Address		
		<u> </u>
Main Telephone Number	•	
Main Email		<u> </u>
Address		
Degnized Products (as per	уонт Technical Agreement)*	
Technique and Pro-		40.00
ERtracER	ERtracER for	
for Patient	Research only	
Use		
*Note: An additional prod	nct, ¹⁸ F for calibration will be available fo	r all clients.
Action of the second se		

Curium Pharma Ireland Limited

Date:

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Additional fields it	Title of Optional Field I:	Type of Data	For Drop Down Helds List Options
required at order entry e.g. Purchase			Redained:
Order number		n Drop Down Menu	
		n Text/Numerical Entry	
	Litte of Optional Field 2:	Type of Data	For Drop Down Fields List Options Required:
		□ Drop Down Menu	
		☐ Text/Numerical Entry	
	Title of Optional Elekt 3:	Type of Data	For Drop Down Fields List Options Required:
		□ Drop Down Menu	
		□ Text/Numerical Entry	
	Print Name	Signature	Date (DD/MWYYYY)
Requested by (Client Authoriser):			
	CURIUM USE ONLY:		
	Print Name	Signature	Date (DD/MM/YYYY)
Implemented by:			
Checked by:			
	<u> </u>	<u> </u>	
Approved by:		<i>D</i>	