



FAX NUMBER: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Product Use Notification & Acknowledgement: Thimerosal**

Customer #: \_\_\_\_\_ Order #: \_\_\_\_\_ Spectrum Representative: \_\_\_\_\_

BILLING

SHIPPING

Company Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Dear Customer:** Spectrum Chemicals & Laboratory Products offers Thimerosal for Research and non-human uses only. It is not for use in vaccines and injectable dosage forms. Please complete, sign, and FAX the following to the number shown.

**THIMEROSAL**

- 1) **Thimerosal is an organic mercury compound.**
- 2) **Thimerosal provided by Spectrum is not for human medical use.**
- 3) **Thimerosal purchased by the company indicated below is intended for use as follows:**

\_\_\_\_\_  
\_\_\_\_\_

**I am an authorized agent of the purchaser. I understand the above statements and agree on behalf of the purchaser to limit use of this product to the application specified in (3), above.**

**Purchasing Company** \_\_\_\_\_

**Authorized Agent** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_ **P.O.** \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO (310) 516-2014**