

<p><b>PERIPAL AG</b></p> <p>Official Distributor of Periplex (Mologic) for Switzerland, Germany, Austria, Italy, Netherlands</p> <p>Limmatquai 112 8001 Zürich</p> <p>Phone: +41 44 221 95 40 Mail: <a href="mailto:support@peripal.com">support@peripal.com</a></p>	 <ul style="list-style-type: none"> <li>Peritonitis rapid test</li> <li>Detection of infection markers IL-6 and MMP-8</li> <li>Easy application at home</li> <li>Result within 5 minutes</li> </ul>
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<p><b>INVOICE TO:</b></p> <p>Company name _____</p> <p>Contact person _____</p> <p>Address _____</p> <p>Zip code/Place _____</p> <p>Country _____</p> <p>Phone number _____</p>	<p><b>DELIVERY ADDRESS:</b></p> <p>Company name _____</p> <p>Contact person _____</p> <p>Address _____</p> <p>Zip code/Place _____</p> <p>Country _____</p> <p>Phone number _____</p> <p><input type="checkbox"/> same as invoice address</p>
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I hereby order the following product(s) (please enter the number of boxes)

Quant.	PRODUCT DESCRIPTION	PRICE per BOX
_____	Periplex®-Box (contains 3 test stripes)	58 Euro*
_____	Periplex®-Box (contains 35 test stripes)	580 Euro*

\* The prices are exclusive of VAT and delivery costs

<ol style="list-style-type: none"> <li>1. Upon receipt of the order, the order will become binding.</li> <li>2. Please contact us in case of delays.</li> <li>3. How to get in touch with us: Phone: +41 44 221 95 40 Mail: <a href="mailto:support@peripal.com">support@peripal.com</a></li> <li>4. The general sales conditions of Peripal AG apply.</li> </ol>	<p>Ordered by _____ Date _____</p> <p>Signature _____</p>
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